Post-graduate Lecture
ON
SOME SYMPTOMS AND VARIETIES OF MULTIPLE NEURITIS.

Delivered at the National Hospital for the Paralysed and Epileptic, Queen-square, on Oct. 26th, 1893,

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As examples of multiple neuritis I am going to show you two female patients in different stages of alcoholic paralysis, a boy suffering from diphtheritic paralysis and a young man in whom the etiology of the disease is obscure. The disease can be most conveniently described by demonstration upon the patients. [The patients were then introduced in turn, their histories being related and present condition demonstrated, and short reference was made to the prominent symptoms and morbid anatomy of the affection.] Multiple neuritis is so much more common as a result of chronic alcoholism than of any other cause that there is some danger of a patient being occasionally suspected of alcoholic excess where none exists. This danger is the more possible on account of the extraordinary plausibility which often characterises the manner of some patients—especially females—who are given to secret drinking, when they deny—often with indignation—that there is the slightest ground for such a charge. In these circumstances a mere denial ceases to possess any particular value, and even when it happens to be *bonâ fide* is apt to be disregarded. Are there any points, then, which may help us to distinguish between the multiple neuritis which depends upon alcohol and that from other causes? The great distinguishing feature between multiple neuritis of alcoholic origin and that arising from other causes is, no doubt, the characteristic mental trouble which occurs in the former. There is usually a remarkable loss of memory, a woman in that condition saying, for instance, that she has been out for a walk on that day when she may not have left her room for many weeks. There are often also a condition of placid indifference and an incapability of grasping the full meaning of her condition. Hallucinations and other symptoms of delirium tremens, when they are present, of course render the diagnosis still more easy. Unfortunately, however, these do not help us in the early stage—in the stage when it is most important to recognise the nature of the case. A woman may be so severely affected with neuritis as only to be able to move about with difficulty; she may be suffering intensely from pains and hyperæsthesia, and yet she may betray no marked mental trouble. To add to the difficulty, as often as not the tongue may be found to be quite clean and the breath free from odour.

There is another symptom which, in my opinion, is of practical importance in reference to this question, though I think you will not find it mentioned in the text-books. I can illustrate it in the case of the two women whom I have shown you, who are affected with multiple neuritis of undoubtedly alcoholic origin. The first patient is forty-three years of age. According to her mother she had not menstruated for three months previously to her admission to hospital, but how long the interval may have been prior to that time cannot be ascertained, owing to the patient's loss of memory. Since admission, concurrently with the improvement in her walking powers which has occurred under abstinence, the catamenia have returned. The other patient is thirty-four years of age, and she was admitted in September, not having menstruated since May. As yet there has been no return. Several years ago I drew attention to the fact that in female patients affected with alcoholic neuritis the catamenia are almost invariably suppressed during the many months of illness which are usually involved.[1] This seemed to me to be an interesting circumstance when taken in conjunction with the well-known complete, or almost complete immunity of the functions of the bladder and rectum observed in this disease; but it is also, as I have said, of considerable practical importance. I have reason to believe that the circumstance has not infrequently led to erroneous diagnosis. A female patient has become gradually paralysed in her extremities concomitantly with suppression of the menstrual flow—attributed perhaps to cold or moral shock—and the disease has been thought to be a result of this suppression. Now, from what we know of the pathological condition, it is quite incredible that such a cause could produce multiple neuritis. The fact, of which I have thoroughly convinced myself, of suppression of the menses being one of the most constant symptoms of alcoholic paralysis disposes at once of this misconception. The amenorrhœa is an associated symptom, not a cause. The remembrance of this may occasionally prove to be useful, too, in directing the attention of the practitioner to the possible occurrence of secret drinking in the case of a patient with a suppression of the catamenia which does not meet with ready explanation. In my experience this symptom is not found to occur in cases of multiple neuritis due to other causes. I am not able to speak with quite so much confidence of certain affections of the skin which may occur in the course of multiple neuritis, although I think they are confined to that form which is caused by alcohol. One of these is an urticaria with small purpura-like hæmorrhages, affecting especially the lower extremities. I saw a case the other day in which there had been great and long-continued alcoholic excess, and in which extensive ecchymoses occurred. The patient had struck his left leg just below the knee against an iron bedstead. The next morning he found a swelling there, and a discolouration of the leg ensued, extending down to the ankle. This was followed by numbness and a "pins and needles" sensation in the limb, which persisted. It was an interesting circumstance that, a day or two after the bruise marks had been observed in the left leg, an ecchymosis occurred in the right leg at a corresponding point (where no injury had been inflicted), but in this case the discoloration did not extend down the limb. A similar feeling of "pins and needles," however, was experienced in this limb, though not to the same extent as in the left leg. As at the same time the knee-jerks were scarcely to be elicited, there can be no doubt that the condition was one of peripheral neuritis. Perforating ulcer of the foot I do not remember to have seen in alcoholic neuritis. It is met with especially in tabes and general paralysis, and I have reported a case in which it occurred in multiple neuritis of diabetic origin.

"Prickly" or "pins and needles" sensations in various parts of the body, unaccompanied by any objective symptoms, were formerly wont to be referred to "congestion of the spinal cord." It is tolerably certain now, I think, that they are due to an early stage of polyneuritis. Examples of this affection frequently come before me. When the patient is a medical man they are especially apt to occasion great alarm, because, as is well known, a sensation of this kind, occurring in one limb, is often the precursor of an apoplectic seizure. A medical man had been overworked, and had suffered for several months from dyspepsia, pain after food, and flatulence. His urine was constantly loaded with urates, phosphates, and oxalates. The day after taking a hot-air bath he felt "pins and needles" in both feet and hands, and this was still present when I saw him two months afterwards. The sensation had not extended upwards, except that a fortnight after its commencement he complained of tingling in the tip of the tongue, which lasted for a month, and there had been at times a "prickly" feeling in the lips. The sensation in the hands was as though they had been dipped in snow and then exposed to a fire. It appeared that shortly before the commencement of the symptoms complained of he had lain out in a hammock, and the exposure had been followed by lumbago, sciatica, and pains in the shoulders. Examination showed no sign of disease of the viscera. The knee-jerks were normal. His diet was regulated, and I gave him remedies directed towards a gouty diathesis. In a fortnight he had distinctly improved, although the symptoms still continued and were increased by heat and cold, whilst exercise tired him inordinately. A month later his symptoms were disappearing, his digestion had improved, and his urine was always clear. A few weeks later he reported himself as being quite recovered. The character of the symptoms and the result of treatment appeared to show that they were due to uric acid, and that the peripheral nerves were the seat of lesion.

A woman aged fifty complained of numbness in the feet, legs, thighs, and pelvis, which caused her great alarm, as she thought she was going to be paralysed. She felt "as though her legs did not belong to her" and "as if

[1] Transactions of the Pathological Society, 1889

her boots had several thicknesses of sole to them." In her hands the sensation was like that which would follow tying a piece of string around the finger, which felt swollen and numbed. These symptoms had begun a fortnight before, but previously to that she had been feeling very cold in the legs and had been sleeping with hot bottles, but could never become warm. The knee-jerks were rather excessive; there were no pains in the legs, and the power of dorsi-flexing the feet was well preserved. She had suffered from pains in the knuckles and finger-nails. She admitted that she was in the habit of taking three or four glasses of stout daily. That this patient suffered from an early stage of neuritis is, I think, clear; but whether this was of gouty or of alcoholic origin (it was probably one of the two) it is not so easy to decide.

A man aged forty, after exposure to wet and cold, was attacked with great pain in the bladder, his urine having previously been thick for some time past. A few months later he had a return of the pain after riding a rough horse, with symptoms of cystitis and nocturnal incontinence of urine. Occasionally also the urine would dribble from him in the daytime. About the same time his knee-jerks were found to be so slight as to require "reinforcement" in order to elicit them, and he also complained of severe pains in the lower extremities, which continued up to the time, some two or three months later, when I first saw him. The character of the pains and the extreme slightness of knee-jerk, coupled with the condition of the bladder, were highly suggestive of tabes dorsalis, and I was disposed to think that the case was one of that kind; but certain facts threw great doubts upon this explanation. His pupils contracted well to light. It was certain that he had never suffered from syphilis. He had tingling at the finger-tips and also about the lips and tongue, which felt, as he described it, "as if there was fur upon them." There were excessive weakness and a feeling of illness, loss of appetite, and weak and rapid pulse, with tenderness of the skin and muscles. Under various drugs he made no improvement, but when treatment addressed to the uric acid diathesis was employed improvement took place with singular rapidity. The pains almost ceased, and the knee-jerks improved in quality, though even at the present time they still require reinforcement for their production. This patient was eminently gouty by inheritance, and rather a free liver. The condition was, I believe, one of multiple neuritis referable to uric acid.

I would call special attention to the excessive weakness and feeling of illness described by this patient. These symptoms do not point to tabes dorsalis, patients suffering from which disease are more often (except for their pains) in good general health and strength, at least in the early stage.

I dwell somewhat upon such cases as these because it is very important to remember that you must not expect to find in all cases of polyneuritis anything like the typical condition which is expressed in the patients whom I have shown you to-day. It is very necessary to be on the alert to detect slight examples of the affection. This will best be done by remembering what are the earliest symptoms of this disease described in the case of those who have eventually arrived at the condition which I have had the opportunity of presenting to your notice. Remember that the earliest symptoms of multiple neuritis are "numbness" and "prickly" or "pins and needles" sensations, being most frequently present in the distal portion of the extremities—the toes and finger-tips. Exceptionally—and it is very necessary to remember that there are exceptions—these subjective sensations are first experienced in other parts of the body. In a confirmed and typical case of alcoholic neuritis the knee-jerks are lost, and the feet and hands are "dropped"; there are pains of neuralgic character in the extremities, the muscles are very tender, and the mental condition is profoundly impaired. In an early stage of the affection, on the other hand, there may be actual exaggeration of the knee-jerks, the power of dorsi-flexing the feet may persist, there may be no pains, and the patient's manner may be perhaps unnaturally bright and vivacious; but the "numbness" and "pins and needles" sensation are, I think, constant and should put us on the right road. The subject is one of very wide range, and time does not permit me to do more than to glance very slightly at a few of its ramifications. It may be useful to remind you that alcohol, diphtheria, septicæmia, gout, rheumatism, and diabetes are perhaps the most frequent causes of multiple neuritis; but there are others, and amongst them it is requisite to remember arsenic. A short time ago I saw a patient, the subject of congenital chorea, who had been treated, in another country, with increasing doses of arsenic for two months. The highest dose, he told me, had been seventeen minims of Fowler's solution three times a day. Whilst under the influence of this treatment his hands and feet became somewhat inflamed, the soles of his feet, and especially the toes, becoming red and tender. He complained of a "prickling, pins and needles sensation." The cutaneous sensibility was impaired, and the skin of the hands peeled. The knee-jerk was abolished on each side. His feet used to feel "like clogs," so that he could walk but little. Six or eight months later the knee-jerks were present, but required reinforcement. The cutaneous sensibility was still impaired in the hands. His fingers were clumsy, and touches upon them gave rise to "prickly feelings." He was, however, gradually recovering. It should be added that alcohol and syphilis could be excluded as causes of this polyneuritis, which was developed whilst the patient was taking increasing doses of arsenic, and gradually began to subside when the administration of that drug was discontinued. Such a case as this possesses much of the value belonging to the experimental method, although in this instance the lesion was of course occasioned unintentionally. It represents, as it were, the artificial production of multiple neuritis, and may be usefully remembered not only because it epitomises the symptoms of multiple neuritis but as a warning against a certain danger belonging to the employment of arsenic which is sometimes not considered. It is noteworthy that, together with the very considerable impairment of the peripheral nerves of the patient's extremities, the bowels were but slightly affected, and only a little indigestion was complained of.

A word as to the treatment of multiple neuritis. It is evident that the first necessity is to ascertain, if you can, the immediate cause of the affection and to take care that the patient is as quickly and as completely as possible (as in the case of alcohol) removed from its influence, whilst at the same time therapeutic measures are directed (as in the form associated with uric acid) to the condition lying at the base of the affection. In advanced cases the nerves are degenerated, and, whatever you may do, many months will be necessary for regeneration of the tissue as far as this is practicable. Palliatives must be employed for mitigation of the immediate suffering, and attention paid to aiding the nutrition of the body, while such physical means as massage and a moderate employment of electrical currents will be found to be useful in preserving the muscular system as far as possible in its integrity until the time when the nerve impulses will again be able to reach it. No manipulations or appliances, however, will have the slightest effect in producing regeneration of the disorganised myelin, for which time alone will prove effective.

Introductory Address,

Delivered at Queen's College, Belfast, to the Class of Midwifery, on Nov. 2nd,

BY JOHN W. BYERS, M.A., M.D.,

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IN the first place, Mr. President, permit me to thank you sincerely for the very kind manner in which you have just introduced me. It is a source of the greatest pleasure and satisfaction when I reflect on the real interest taken in my application for the position I now hold by many friends; indeed, I have no language that will adequately express the gratitude I feel to the many friends who have been so warm and cordial in the expression of their approval of my appointment to this chair, and I can never forget the warm support I received, not only from the President, professors, and the students of this college, but also from my brethren in the medical profession connected with the north of Ireland and elsewhere. While gratefully thanking all who have wished that I should be successful, may I remind my young friends present who aspire to become members of the medical pro-

fession that in it I have found the strongest and most helpful sense of brotherhood—a real friendship and *esprit de corps* which I hardly think exists in the same degree in any other profession? And from experience I can say that no desire to further the best interests of their own students could be stronger in any other seat of learning than that which is found among the professors of Queen's College, Belfast. Let it be ours, then, to foster and perpetuate this good feeling, and in our turn to hand it down untainted in truth and earnestness to those who may succeed us in office here.

Entering on new duties, and in a sense on a new career, there can be only one way of really expressing gratitude for the great honour which connects me still more closely with the college, to which I also owe my education—that is, to use every honest endeavour within my power to make the special branches of medical science to be taken up by us in this class-room a training that shall be as rich and as full as can be found in any other medical school within the British dominions. Owing to the youth of the Queen's College and other circumstances which we need not now stay to enumerate, we at once admit that there are desiderata in this college in which it is distinctly behind some older and richer seats of learning. The President and his friends are, however, putting forth every effort in order to secure for us an institution more thoroughly equipped in every way, and soon he hopes to have buildings that will greatly promote the social intercourse and comfort of the students and give them greater facilities in their busy lives for cultivating that fellowship and friendship with their companions that not only afford happiness, but which have often incited a new determination and effort that have changed and developed their whole life and character and made the daily studies much more pleasant and successful. We also observe with pleasure that our *alma mater* is coming into closer touch with the city. As an evidence of this you must all feel great satisfaction at the new and separate professorship that has this year been founded and endowed through the munificence of Mr. Robert Dunville, one of our respected fellow-citizens. It is a good sign of the general growth of intelligence when rich men see it to be their duty to promote learning by large donations to the cause of education. Let us hope that such a noble example will be followed by many who have been enabled to amass large fortunes in this great commercial centre. It must afford genuine happiness to all those who are wise enough to use their means in order to further the educational interests of those who, from their professional position, are expected to become leaders among their fellows in the future. In the meantime, however, we should not idly wait for what is coming in the shape of better buildings and other expected blessings, but both as students and teachers we should make the best use of the advantages we enjoy and gird ourselves from the present moment for more diligent and earnest study. "Work," "toil," "exertion," and "industry" are words whose full significance we should all try to understand. We need to have them brought home thoroughly to our minds, and for our encouragement in our life studies we need the assurance which the experience of those who are older must always give: that if we will but use our present opportunities aright our own labours will prove to be the best of teachers, and the school of toil the noblest of all schools. On an occasion like the present one is apt to look back upon the past, and in doing so I am glad to be able to say that within my own memory there is marked progress in the advantages of the students here. It is a cause of satisfaction that, through the thoughtful influence of our older teachers, all your purely medical professors now for the first time in the history of the college hold posts as clinical teachers in the different hospitals, so that you have now practical opportunities for studying disease in its many forms that were quite unattainable by your predecessors who were some dozen of years in advance of you. What you can now acquire in daily hospital practice in your student days they had painfully to learn either at other medical schools or by their own thoughtful observation after graduating as medical practitioners. Medical science has so steadily advanced within the last quarter of a century that students are now expected from the outset to be well trained in every department of knowledge, and they, for the sake of their future work, as well as for the reputation of their school, are also expected, amid the strongest competition, to win all the distinctions they can. While we naturally rejoice in all this improvement, and also that new professors from a distance come among us with splendid reputations and ability to maintain fully the high name and efficiency of the college, our pleasure is lessened, and a feeling of sadness cannot be repressed, when we remember how many of our honoured professors are no longer here. Since I sat on the benches you now occupy not many years have elapsed, but how many of my own respected teachers are no longer with us. Not only has the gentleman so favourably known to his friends and to many of you, and who so long occupied this chair, been taken away, having gone over to the great majority, but since I was a student death has also removed two others, whose influence through their entire professoriate left deep traces on all the students who had any interest in the careful routine of a scientific training. I am helped to-day in undertaking these new and great responsibilities (for it is well to keep before us high ideals) by the thought that two of the most prominent men who helped to build up the medical school were Ulstermen and at the same time men of the highest eminence in their special subjects. I refer to the late Dr. Andrews, who for a lengthened period was vice-president and professor of chemistry in this college, and Dr. Gordon, the first professor of surgery. Sprung from a clan that has long been honoured for worth and sterling integrity in the north of Ireland, Dr. Andrews attained the greatest celebrity in the chemical world. Those who had the privilege of attending his class were struck alike by his originality of research and by his extraordinary manipulative skill as an experimenter. Dr. Gordon, by his rare simplicity, by his keen tactile power, and by his remarkable anatomical and pathological knowledge, as well as by his enthusiasm for his own subject, surgery, and by his devotion to the interests of this college, was a most wonderful stimulus to his students in pursuing original research in any scientific line to which their taste directed them. It behoves to be silent about the still active professors here, from whom so much has been learned both by you and by myself, but along with those whom I have named, of whom death has deprived us, and who were remarkable leaders in the college when I was a student, I must mention another whose loss this year is happily not one caused by death but by resignation. Everyone of you who reflects must deplore the retirement of Dr. Redfern, who, in the thirty-three years during which he has been professor of anatomy and physiology, has contributed so much to the building up of the Medical School in Belfast. Apart altogether from his recognised position as one of the first living authorities on anatomy and physiology, no one who has had the advantage of being his student can ever forget his fresh and polished brilliancy as a lecturer, his great energy and individuality as a man, and—from personal experience, I may well add—his extreme courtesy and kindness as a friend. An old Queen's College student who has attained to a high position in the medical profession in England, in expressing a wish to have an engraving of the portrait of Dr. Redfern about to be placed in the College Hall, writes: "Whatever I have achieved in my professional life I owe to the splendid teaching I received at the feet of the illustrious professor of anatomy and physiology in Queen's College, Belfast." It is perhaps worthy of note here that no less than three of the present medical professors are Dr. Redfern's old pupils.

Though it is common, and indeed natural, for everyone, particularly in an introductory address, to claim special importance for the subjects of his own chair, yet I will not attempt to say that the subjects to be taught in this room are of greater importance than that of medicine or surgery, but I will claim for them that they are at least equal, and I do this on several grounds. 1. In this chair there is now a new departure: one is expected to teach, not only midwifery, but also gynæcology and the diseases of children. 2. In the practice of obstetric medicine two lives are often in your care at the same time, and in recent years the most marked progress in obstetric medicine has been made in the measures devised for the greater preservation of the lives of both the mother and child. This saving of life has been mainly effected through the introduction of antiseptics, the axis-traction forceps, the improved modern Cæsarean section, as well as the revival of symphysiotomy, and lastly (the greatest triumph of our British school) the management of extra-uterine pregnancy. 3. While in surgery and medicine there has in recent years been great progress, yet in midwifery and gynæcology the advances have been even more marked, and it is of notable importance that by the progress made in these departments physicians and surgeons have themselves been pupils to no small extent. It will always be to the credit of the gynæcologists that through them abdominal surgery has made such extraordinary

strides in later years, and it was through their work and their brilliant success that surgeons were emboldened to attack more freely, and with the most satisfactory results, the abdominal portion of the body. Further, by the work of the gynæcologists physicians have learned a precision and accuracy of diagnosis in reference to the diseases of the abdominal and pelvic cavities which they never possessed before. As evidence of this one has only to compare the present with the former text-books of medicine in reference to such subjects as peritonitis, gall-stones, renal tumours, the association of cancer of the liver with gall-stones, intestinal obstruction, appendicitis, and the great and important subjects of abdominal tuberculosis and pelvic inflammation. Again, it is to the gynæcologists that we are indebted for almost all our knowledge of extra-uterine gestation. But, gentlemen, there is another evident reason showing the importance of the group of subjects we are to study together, and that is that almost every student, at one time or another, will have to practise midwifery, and, further, much of your general work in the future will be among women and children. On every practitioner, except the pure specialist in other departments, in large centres of population, devolves the duty of forestalling and preventing the many accidents and complications to which women are liable in child-bearing. We have to watch that those who are to be confined shall be in a condition to sustain the exhausting fatigues and risks of the puerperal state, and endeavour, not only to reduce the death-rate, but so to manage each individual case that there shall be less liability to subsequent gynæcological disease. This not only requires experience and practical training, but it demands the most unremitting thought and care on the part of the practitioner. Our knowledge of many of the diseases accompanying childbirth, though they have been recognised from the earliest times, is still far from perfect. A wide field remains as yet unexplored, and it behoves us of the present generation to devote our best energies to its clinical and pathological investigation. It has in recent years been the habit with some to decry the importance of systematic lectures in any of the branches of medical science and to urge that it is at the hospitals that you can alone master the details of your profession. It has always seemed to me that it is by the judicious blending of both these methods of teaching—the systematic and the clinical—that students can best be helped in their medical training. You may learn a good deal by the manner in which a teacher may put a fact or discuss the method of treatment suitable for a particular disease or complication. Further, you may, in listening to him, acquire some of his enthusiasm for his subject. You may profit by your teacher's riper experience, and in after years I have sometimes found that a hint or a suggestion offered in a lecture has proved to be of the greatest help when I found myself in a difficulty. Through experience a medical man comes to know what is the best line of treatment for a particular case or complication, and if he happens to be a professor he can convey to his students hints which may be to them of vital importance. There is no question, however, but that the greater part of your training must be the result of your intelligent use of your own senses, and in order to learn fully all that the senses can teach us we need to be both observant and attentive; without observation we are partially blind and without attention partially deaf, for if what you see or hear does not reach the mind you will never in your practice be able to turn it to intelligent use. In connexion with the Belfast Medical School, as I have said, just as in all German universities, the teacher of obstetrics has now also the subject of diseases of women relegated to his charge. The present able Master of the Rotunda Lying-in Hospital, Dublin, in a recent address stated: "Midwifery and gynæcology must go together; they are sciences which God has joined and should never be put asunder." The systematic instruction in these branches must also be supplemented by that clinical teaching which will satisfy the needs of students. As it is now admitted that the great majority of the affections treated by the gynæcologists have their origin in the puerperal state or in the lying-in chamber, it is quite evident that "the accoucheur should be a gynæcologist and the gynæcologist an accoucheur," and that progress and knowledge in the one branch advances the other.

Now let me remind you with regard to the mortality of infancy and early childhood in these countries—that of every 1000 children born, about 149 die before the end of the first year of life, and 263 before the age of five years. This terrible death-rate does not by any means represent the full consequences of the hygienic mismanagement of infancy, which are obvious in the causation of many of the more fatal diseases by which the fairest portion of the stream of existence is too often poisoned and embittered. In order to minimise this terrible death-rate it will be your duty not only to study the diagnosis and treatment of the sick child but also carefully to understand how it is to be nourished, fed and managed so as to prevent illness. You have to become thoroughly conversant with everything regarding the diet and hygienic care and everything also about the sleep and exercise of children, and in your future practice you will find that more than one-third of your patients will be children. It will be our duty to point out some of the preventable causes of that appalling loss of infant and child life, indicating general lines as to management, feeding, and care, so that you may not expose yourselves to the somewhat current opinion that medical men know too little of the diseases of children.

Finally, gentlemen, let us all so work in this class that those who go out from it into the world will be able to do more for the preservation of the life and health of women and children, and therefore for their usefulness and happiness in the years that are to come, than in the years that are past, and, while we remember our able professors who are gone with the gratitude they deserve, let us bear in mind in collegiate life "that they who depart have an interest in what is accomplished by those who abide a little longer."

ON CERTAIN GREGARINIDÆ AND THE POSSIBLE CONNEXION OF ALLIED FORMS WITH TISSUE-CHANGES (CANCER) IN MAN.[1]

BY C. H. CATTLE, M.D., M.R.C.P. LOND.,
AND
JAMES MILLAR, M.D., C.M. ABERD.

WE venture to make a few remarks on certain animalcules of the gregarine class because of the daily growing importance of the question of the causation of human and animal diseases by their agency. We have very few, if any, new facts to contribute, our principal objects being to point out the wide gaps in our knowledge of the habits and distribution of these parasites and to invite the coöperation of biologists with medical men in gathering the needed information. Biological conceptions have undergone a great extension in recent years, owing to the labours of certain medical men on the life-history of bacteria. So also the parasitic protozoa have been made objects of special study, chiefly in connexion with disease, by Dr. Leuckart, Dr. L. Pfeiffer of Weimar, and many others on the Continent, and Dr. Delépine, Dr. Ruffer, and others in England; but there are many questions relating to the life-history, classification, habits, and distribution of these organisms which are essentially biological, and of which the solution lies rather in the hands of students of biology than of medicine. "The compendium of the parasitic protozoa, so necessary for medical men, has still to be written," so said Dr. L. Pfeiffer in 1890.[2]

Classification.—In the older text-books the protozoa are divided into rhizopoda, gregarinidæ, and infusoria. It is with the second of these subclasses that we are concerned in the present paper; and recently the term "sporozoa" has been introduced for a class to include the gregarinidæ, the coccidiidæ, and the sporidia. This subclass is distinguished by the parasitic habits of its members and by their method of reproduction by formation of spores, which are generally sickle-shaped; but there is probably no hard-and-fast line between this group and the rhizopoda, for on the one hand the sporozoa are amœbiform in the early stage of their growth, and on the other some rhizopoda multiply by means of spores. The gregarinidæ are distinguished from other sporozoa by their more complex structure, by their larger size and more elongated shape, and by their being able to

[1] Read in the Biological Section of the meeting of the British Association for the Advancement of Science held at Nottingham in September, 1893.

[2] Die Protozoen als Krankheitserreger p. 100. 1890.

maintain a more independent existence; the adult animal, for instance, is able to exist as a free-swimming organism in the body-cavity or intestine of its host. We propose to say very little about the gregarines proper, because the more one studies the subject the more one is convinced that the higher gregarines live in their hosts (chiefly invertebrata) in large numbers and do very little harm to them—that is to say, they are more on terms of symbiosis than of parasitism[3]; while those sporozoa which effect destruction of the cells of their host and do other damage are among the simplest and least developed members of the class. Here a singular point of analogy with the parasitic fungi may be remarked, since the bacilli, the most dangerous of the class, are all at the bottom of the scale of organisation. It may be mentioned in passing that six species of gregarine have been described in the earthworm by one observer alone; this is done in order to illustrate a remark to which we wish to give prominence—viz, the uncertainty and incompleteness of our knowledge of the sporozoa. One question that particularly demands solution is how far a large variety of forms infesting widely differing animal types are to be regarded as alternative forms of a few species, modified by surrounding circumstances, and how far they are to be regarded as substantial classes, genera, and species. The coccidiidæ are represented by a few species which have been found in snails, mice, rabbits, fowls, pigeons, horses, and other animals, and occasionally in man. The young forms inhabit the tissue-cells of their hosts, while the adult forms generally burst the cells containing them and are set free. The best-known representative is the coccidium oviforme of the rabbit, and to its consideration we shall return later on. The third group of sporozoa, known as sporidia, comprises a great variety of forms, whose life-history and mutual relations are far from being fully known. For instance, among many undecided questions, we think it might possibly turn out that the sporidia of warm- and cold-blooded animals respectively, now described as different species and even genera, are really in some cases instances of the same organism modified by its surroundings. The sporidia have been divided into sarco-sporidia, micro-sporidia, and myxo-sporidia. The first-named have long been known under the name of "Miescher's tubes," as infesting the striped muscular fibres of warm-blooded animals, chiefly herbivora and birds. Apparently their presence does little or no harm, and they do not migrate outside the muscular tissues. The micro-sporidia are found in the muscles of the frog and marsh tortoise, in worms, and in insects. In silkworms they cause the well-known and fatal disease of *pébrine*. The myxo-sporidia are essentially the parasites of fishes, many different species of which are affected, each species having, as a rule, its own variety of parasite. They occur in the muscles, epithelia, and many other tissues, and the diseases caused by them are often fatal. These three groups of sporidia are distinguished by the form of their spores. To the above Dr. L. Pfeiffer[4] would add another group—the amœbo-sporidia—which he believes are the cause of cancerous growths in man. To this subject we shall return later. Finally there are certain amœboid parasites which agree with the sporozoa in forming sickle-shaped bodies and which infest the red blood-corpuscles in amphibia, birds, and mammals. In man a parasite of this order is believed to be the cause of ague. Evidently the sporidia are a widely distributed class of organisms, and there is much that is unknown concerning their distribution and affinities. They all agree in this, however, that wherever they become implanted they modify profoundly the tissues of their hosts; and, considering the many opportunities of infection to which man and the lower animals are exposed, it will not be surprising if it ultimately turns out that more diseases are caused by them than is at present proved.

[Five lantern slides copied from Dr. Pfeiffer's work ("Die Protozoen," &c.) were here shown in order to illustrate some of the principal types of sporozoa. The lantern slides were made for us by Mr. A. E. Mee. A further series of slides by Dr. Millar was also shown.]

As one of us (Dr. Millar) was able to obtain some rabbits' coccidia, we have been making some observations upon the development of the parasite as it can be observed outside the body, and the formation of lasting spores. According to Dr. L. Pfeiffer the parasite is dimorphic, reproducing itself in the body by means of zoöspores and outside it by means of lasting spores. The zoöspores are formed without the parasite passing through an encysted stage, and by their means a continual re-infection of the affected animal goes on from within. The coccidium of the rabbit in its adult stage consists of a resistent envelope enclosing a quantity of granular protoplasm. Hidden by the granules there lies a clear, non-granular nucleus. As the organism approaches maturity the granular mass becomes rolled into the form of a ball, which may occupy the centre of the coccidium or lie towards one end, and which appears to be suspended in a clear plasma. (Fig. 1.)

Observations on the development of the coccidium oviforme.—The coccidia were obtained from the gall-bladder of a rabbit. A minute portion of the material was treated in three different ways and mounted on slides. The first lot was mounted in distilled water and sealed up, the second lot was kept in ordinary water, and the third was kept in an artificial medium.[5]

FIG. 1.

FIRST STAGE.

FIG. 2.

SECOND STAGE.

Figs. 1, 2, 3 and 4 are from drawings by Mr. M. A. Cattle, mag. $\frac{1}{12}$" obj., No. 2 oc.

The slides, which were maintained at the ordinary temperature of the room in summer, gave the most reliable results; an attempt to use an artificially warmed chamber was not very successful. The coccidia mounted in the artificial fluid did not form spores after being observed for nineteen days, and they appeared to undergo degeneration. The granules became coarser and tended to run together so as to form refractile globules; the central rounded ball assumed a coarsely granular mulberry aspect. In no case did we find the coccidia developing in which the protoplasm had not contracted into the granular ball. The first slide to show any changes was one in which the parasites were mounted in tap water and unsealed, so that they were freely exposed to the air; in this slide the central ball had already segmented into four in two days; nor did some weak staining fluid which had been added to the water appear to delay the change. According to our observations the granular ball first segments in two, then into four portions, all at first being uniformly granular. (Fig. 2.) A thin capsule forms around each segment, which gradually changes from a round shape to an oval one. Four is the usual number of segments, but we noticed a great many coccidia containing three only. The coccidia sealed up in distilled water took considerably longer to develop than those in ordinary water in open cells; the first

FIG. 3.

THIRD STAGE.

Formation of four sporoblasts, each containing one or two translucent spores and some granular matter (*nucleus de reliquat*).

FIG. 4.

FOURTH STAGE.

Escape of sporoblasts from the parent coccidium. No connecting-rod is seen between each pair of spores.

[3] L. Pfeiffer: Untersuchungen über den Krebs, p. 3. 1893.
[4] Loc. cit.
[5] Dilute urine.

changes in these were not observed until after eleven days. The chief element in hastening development appears, therefore, to be free exposure to the air. When the segmentation process is completed the coccidium contains a variable number of oval sacs, generally three or four, arranged for the most part with their long diameter in the same line as that of the parent coccidium. (Fig. 3) Dr. L. Pfeiffer, with whom we agree, regards each sac, not as a spore, but as a sporo-cyst. Each sporo-cyst contains one or two—generally two—rounded translucent spores and some granular matter, the so-called *nucléus de reliquat*. By other observers the sporo-cysts are said to contain each one or two C-shaped rods or germs, with bulbous ends. Our observations do not confirm the existence of a rod; but we believe that the spores when set free become first sickle-shaped, then amœboid, and that they then subdivide into numerous germs. Dr. Delépine in a recent paper[6] has described amœboid bodies passing out of the ripe coccidium. We give herewith an illustration of a stage in the development of the parasite which, so far as we know, has not been figured before. (Fig. 4.) The ripe sporoblasts are here seen in the act of escaping from a shrunken capsule. Each sporoblast can be seen to be distinctly pointed at one end, like the prow of a little boat. We have no doubt that the outer capsule undergoes solution ultimately and that it is the rule for the spore-bearing capsules to be set free. We have seen several coccidia which have parted with one or more of their contained sporoblasts, and we have several times seen the boat-shaped bodies floating free on the slide. Our observation shows at least that the bodies were ripe and ready to discharge their spores; but whether the act of discharge was entirely spontaneous or was effected by the pressure of the cover-glass in mounting we are unable to say. (Fig. 5) The spores so formed are

FIG. 5.

The same parasite as is shown in FIG. 4 (Photographed by Dr. Millar, mag. $\frac{1}{12}$", oc. 3.)

"lasting spores," and their ordinary fate is probably to remain unchanged by external influences, and to undergo further development only when they gain access to the body of a new host. The reason for this, in our opinion, is that the young amœboid coccidia are cell parasites, a property they hold in common with all sporozoa, and are therefore dependent for their existence on the nutritive changes taking place in animal cells. We further think that the expression "cultivation of coccidia," as applied to the process just described, ought to have only a very limited application, for among the essential conditions of a successful cultivation is the ability to grow the organism in a pure state for an indefinite time. Nothing at all approaching this has been done in the case of the coccidia. The explanation of the failure is the reason given just above—viz., that a parasitic stage inside an animal cell is a necessary condition of the life and development of all sporozoa; and, if this is so, the failure of the cultivation test is no sufficient argument against the existence of the supposed parasite of cancer, which we are about to allude to.

We now pass on to describe the tissue-changes in the rabbit's liver which are produced by coccidia; and we do this because these changes present a marked likeness to those which occur in the tissues of man when a cancer is formed. When the lasting spores gain entrance to the body of the rabbit, each spore, by successive divisions, gives origin to a multitude of amœboid animalcules, which enter the epithelial cells lining the bile passages. The affected cells become swollen by the contained parasites, and the neighbouring cells undergo great increase in number. After a time the bile-duct becomes dilated into a roundish cavity containing an enormous number of coccidia, epithelial cells, and débris, while the changes in the wall of the bile-duct cause it to fall into folds of a most complicated description, so that instead of being a clear circle its contour is marked by promontories jutting in towards the centre from all sides. After a time a healing process takes place. A firm wall is formed around the coccidial cavity by an increase of the connective tissue, which binds together the different elements of the liver, the remains of coccidia and the débris disappear, and the affected bile-duct can be seen as a branched canal; but the epithelial prolongations, which we have just noticed, ultimately become smaller and less complicated. (Fig. 6) In this manner minute scars, visible to the naked eye as whitish spots, are formed all over the affected liver; sometimes they are so thickly set that one greatly wonders at the animal's recovery. Young rabbits are the ones most often and most severely affected; they take the disease when they discontinue suckling and commence to eat green food. The majority

FIG. 6.

Adenoma of bile-duct (rabbit's liver) caused by coccidia. The disease is quiescent and is limited by a dense fibrous investment. The nodule is seen to occupy a portal canal with liver lobules on either side. (Photographed by Dr. Millar, mag. $\frac{3}{4}$" obj., No. 3 oc.)

recover, bearing the scars above alluded to, but some die. According to Dr. Delépine,[7] the intestines of *all* rabbits contain coccidia, and if he is correct in this opinion the descriptions which have been published[8] of the successful implantation of coccidial disease in rabbits by feeding them with contaminated fodder are open to an obvious fallacy. The overgrowth of epithelial cells seen in the rabbit's liver presents some very close resemblances with the changes in the tissues of man which constitute a cancer. The parasite-like bodies which have been seen in cancerous tissues cannot be isolated from them, like the coccidium of the rabbit; hence it will be necessary for us to explain why we regard the suspected bodies as parasites and not as objects derived from the tissues themselves. A great difference as to the ultimate result at once strikes one between the coccidial disease and human cancer; for, while the lethal tendency of the one is only too well known, the other is generally a mild disease. This difference, however, is a difference of degree rather than of kind. The structure of a

[6] The Medical Week, Aug. 11th, 1893.

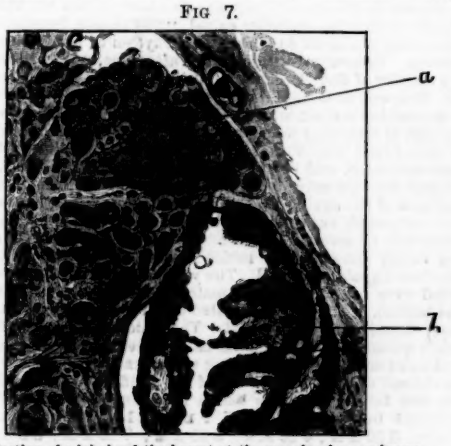
[7] Loc. cit.

[8] Leuckart: Parasites of Man, 1886, p. 213

cancer, described in the simplest terms, consists of nothing more than an enormous number of newly formed epithelial cells descended from others which are normally present in the body, and supported by a meshwork of the ordinary connective tissue which pervades all parts of the body. It will be seen that this description agrees in all substantial particulars with the description we have given of the tissue-changes occurring in the rabbit, in consequence of coccidial infection; and, just as the latter becomes limited by a thick layer of fibrous tissue and leaves a healed scar, so also in cancer there are often found masses of the diseased cells shut off in the same manner, so that one can truly say that the disease has died out; but, in spite of these analogies, there is still an essential difference between the two diseases which may be thus expressed: the coccidial disease is mild because the animal's own tissues show great resisting power and the disease remains local; while in human cancer, without our being able to explain exactly why, the tendency of the disease is *not* to remain local for any great length of time, but to spread by means of the lymphatic vessels until many, and it may be distant, parts of the body are affected.

We do not by any means assert that the parasite-like bodies which have lately been found in cancer[9] are coccidia; indeed, there is good reason for thinking that they belong to some other species—that is, if they are sporozoa at all. What reason have we, then, for believing that we are dealing with a parasite? 1. There is the reason, intimated above,

FIG 7.



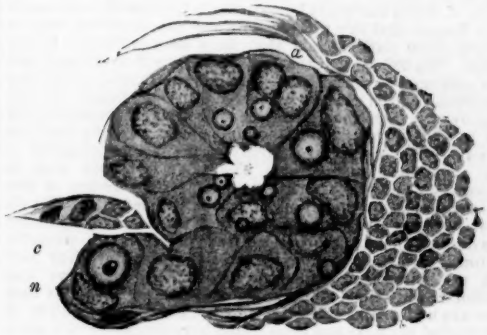
Portion of a lobule of the breast at the margin of a carcinoma. The individual acini can be seen; some are enlarged. *a* points to a dense mass of round-cell infiltration; *b*, part of the lobule which has undergone cancerous transformation. (Photographed by Dr. Millar, mag. $\frac{2}{3}$" obj., No. 3 oc.)

that the tissue-changes caused by an undoubted parasite—viz., the coccidium—bear a close resemblance to the tissue-changes of cancer. 2. The cancer bodies have a clearly defined outline and structure, and stand out quite distinctly from the tissues in which they lie; they also differ from the tissues in their staining properties. 3. Several observers, and among them one of us (Dr. Cattle),[10] have published descriptions with illustrations of what they take to be a sporing or multiplying process on the part of the parasite. 4. We find the suspicious bodies in the cells where the disease is in rapid and active progress, not where much fibrous tissue is present and where it has died out. 5. The parasite has been seen moving and dividing in the warm stage by Drs. Soudakewitch and Ruffer.[11] We have already dealt with the difficulties in the way of "cultivating" intra-cellular parasites, whether met with in cancer or under other circumstances.

The engraving (Fig. 7), which is from a photograph, represents a lobule of a cancerous mammary gland, and is introduced here for comparison with the engraving representing the rabbit's liver. The cells lining the acini of the lobule in some places retain their usual wedge-shaped form and regular arrangement, while in other places they are swollen and are becoming detached from the acinus wall; whereas at the lower part of the lobule there is to be seen a large mass of cells, the remains of acini which have already become cancerous (Fig. 7). This is the cancer process in its earliest stage, and if we examine the acini composing this lobule with high powers the supposed parasite is found to be already concerned in it (Fig. 8). Thus at the very outset we find a peculiar body not to be found in normal breasts apparently intimately concerned with a new and abnormal set of tissue-changes. Fat globules are abundantly present in the acinous cells *during lactation*. In the case of this section all fat had been dissolved out by prolonged soaking in turpentine.

The "cancer body" itself consists of a well-defined capsule, round or oval in shape, containing a clear protoplasm and a nucleus which does not as a rule contain either granules or chromatic threads; sometimes there are fine radiating lines running between the nucleus and the capsule. The bodies are of all sizes, the average being, perhaps, as large as a red blood-corpuscle or something more (8 μ to 12 μ). They are generally contained in the cells, but are sometimes lying free. Sometimes there are as many as twenty or thirty of them in a single cell. At other times parasites are met with which greatly exceed the average size, and these may measure as much as 30 μ in diameter. The nucleus of the parasite, in the case of the small forms, may be only a mere dot—in fact, some of the very smallest do not seem to possess a nucleus. In the large forms, however, the nucleus also is

FIG. 8.



Highly magnified acinus from the upper part of the lobule shown in Fig. 7. The lining cells, which contain numerous parasite-like bodies, are proliferating and breaking through the basement membrane. At *a* is seen a dividing cell; *b*, mass of round-cell infiltration; *c* points to a round parasitic body; *n*, nucleus of containing cell. In the original the parasites and the ground substance were much paler relatively to the cell nuclei than is shown in the engraving. (Drawn by M. A. Cattle, $\frac{1}{12}$" obj., No. 2 oc.)

often large and may almost fill the capsule. Often two zones can be seen in the nucleus, separated by a well-defined line and distinguished by their lighter or darker staining properties. It is in these large forms chiefly that we think a reproductive process goes on, and this in connexion with the nucleus. A process of subdivision, commencing in the outer zone, gradually extends inwards until the whole nucleus is converted into a group of closely set, refractile particles. Even before the process of division is completed small particles can be seen to be detached from the main mass and approaching the capsule. We have never seen a ruptured capsule, hence we think it likely that the spore-like particles can pass through the wall without a rupture. We can certainly see minute bodies corresponding in appearance with these "spores" outside the original capsule and even lying within other epithelial cells; but, in addition to this, it also seems that the particles begin at once to increase in size before they leave the parent organism, and they can often be seen arranged in a circle near its border. Sometimes, again, it seems as if the original nucleus subdivides into several portions of rather large size, instead of undergoing the minute segmentation above described. It should be added that we have repeatedly tested our sections for fat and other degenerative products with a view of excluding sources of error. We cannot offer any suggestions as to the biological position of the supposed parasite without further opportunities for investigation. We may point out, however, that we believe that its life history

[9] Soudakewitch: Annales de l'Institut Pasteur, 1892; Foà, quoted in the Brit. Med. Jour. Epitome, Feb. 25th, 1893; Ruffer: Journal of Pathology, 1892–1893; Galloway: Morton Lecture on Cancer, 1893; and others.

[10] Brit. Med. Jour., July 22nd, 1893; Dr. Ruffer and Mr. Plummer: Journal of Pathology and Bacteriology, October, 1893.

[11] Peculiar amœboid cells have lately been found by Dr. Lauder Brunton in the urine of a patient suffering from malignant disease of the bladder.—THE LANCET, Aug. 12th, 1893.

so far as this has been ascertained, shows it to possess affinities with the sporozoa. We have never seen true sickle-shaped bodies; but the method of sporulation which we have described appears to be a kind of zoöspore formation, analogous to that occurring in the coccidium of the rabbit. To give another illustration: sometimes a cell is dilated into a relatively large sac containing a number of small parasitic forms, giving it the appearance of a miniature Miescher's tube.

The strongest evidence to our minds of the parasitic nature of these bodies which we at present possess is to be found in the facts that they are widely distributed in the affected tissues in which growth is most actively going on; that they differ in appearance and in staining properties from the proper tissue-cells of the animal body; and that they can apparently be followed through all the stages of their growth, beginning with small-sized particles or germs, and passing through a series of gradually enlarging forms until one comes to the large structures which have been described as breaking up into young organisms or "spores." Are these bodies, if parasites, the cause of cancer? This is a question which cannot be decided without extended observation and a rational application of the experimental method. The nature of cancer is a problem which has baffled the wisest heads for ages and has defied the penetration of the strongest microscopes. Though we have given but a scanty and fragmentary account of the interest that has been excited in every laboratory in Europe by the question of the connexion of the sporozoa and cancer, we yet feel that the ideas which we have brought forward are well worth following up in the hope of discovering a clue to a mystery in the solution of which the whole human race is interested; and we do not despair that this problem will one day be solved, like so many other dark secrets that have been unlocked in the past. We believe that the cure of cancer will be effected, not by nostrums or by potions, or even by the knife, but by the exclusion of the cause. Whenever man finds himself at the mercy of a pernicious environment he struggles to rid himself of it, and he has shown in numberless instances that he possesses the power of so modifying his own environment as to counteract unfavourable conditions, whether due to hereditary taint or external agencies. The exercise of this power lies at the very root of preventive medicine. We do not shut our eyes to the fact that there are many other environing conditions besides the presence of parasitic germs, which, acting on human life, may play their part in the causation of cancer. It is only when we can estimate the individual influence of a number of causes that we can understand the total effect. The strong infusion of biological methods and ideas which have entered of late years into the training and after-lives of medical men has done more than anything else, in our opinion, to advance the rational practice of the medical art, and it is by virtue of these influences that medicine now comes to claim her place among the biological sciences.

Nottingham.

A CASE OF FRACTURE OF THE SKULL.

BY JOHN HADDON, M.A., M.D. EDIN.

A MEDICAL PRACTITIONER aged fifty years fell from his horse on a Friday afternoon, and was carried into his house unconscious. It was found that there was a slight cut on the upper and back part of the head on the right side, and that a small quantity of blood had come from the right ear. At 8.30 P.M. he spoke, but did not recognise anyone. Early next morning he became conscious and made inquiries as to what had happened. He complained of his throat being sore and was quite hoarse. He made no complaint about his head. He gave directions during the day as to some patients to be seen and was sensible. On the third day his throat was improving, but his head became painful. He had wet cloths applied to it and kept his bed. He passed a restless night. On the fourth day his head continued to be painful. About noon he took some morphia and slept for an hour, when he got up, dressed, and went downstairs. It was noticed that his eyes had a strange look and that when he tried to touch anything his hand went past it. He stated what medicine had to be put up and wrote the directions himself. In the afternoon, when seen by a medical man, he was sitting in his chair reading a newspaper. He did not think that he required anyone to see him, and argued that his skull could not be fractured. He determined to have his own way, and could not be persuaded to go to bed. He went upstairs at 11.30 P.M., and while sitting at the bedside was seized with a fit, being severely convulsed, mostly on the left side. On the fifth day the fits continued to recur. Leeches were applied to his temple, and he helped to put them on, watching them with a hand mirror. On the sixth day the fits continued to occur at intervals of from one to three hours. At 6 P.M. the temperature was 99° F., the pulse was 88, and the respiration 28. The breathing was of the Cheyne-Stokes type. On being aroused he knew me. The fit began by the eyes turning to the left; the head then turned in the same direction; the left arm thereupon became affected, the hand pointing towards the same shoulder; then both legs became rigid and the left arm and left side of the face became severely convulsed. The right arm was not affected. The left side of the face had a flabby look, and the left angle of the mouth was smaller than the right, but he could whistle. The left arm lay unused. On asking him to squeeze my hand, in order to ascertain its power, he brought the right hand over to do it with, but on explaining that I wanted him to squeeze with his left hand he made an effort and squeezed as hard as he could have done with the right. The left leg also lay helpless; nevertheless, he used the left arm to raise himself in bed, and he could walk well enough. On the seventh day the fits continued to occur, and chloroform was given to stop them, as they were occurring every fifteen minutes. At night the Cheyne-Stokes breathing was very marked; but that name in no way suggests the character of the breathing, which would be much better called "switchback breathing," reminding one most forcibly of the rhythm of a switchback railway. Chloral was given in the afternoon, and it reduced the number of fits. It was decided to trephine, and at 10 P.M. Mr. Macewen of Glasgow performed the operation.

An incision was made above the right ear, and a piece of bone the size of a shilling was removed from over the arm centre. It was found that the skull was fractured. Its two tables were separated, and blood was oozing from between them. A fissured fracture extended from this point in the direction of the base of the skull. The cerebral substance was lacerated and congested, and a large clot lay under the dura mater. There was no cerebral impulse. The clot was removed, and the cavity between the tables of the skull was plugged Cerebral impulse returned. The wound was stitched, a decalcified bone being inserted to maintain a free drainage from the bottom. Iodoform was dusted over the wound, and wood-wool dressings were applied. The chloroform took effect much quicker owing to chloral having been given previously, and caution was required during the operation, because when he showed signs of coming out of it a whiff or two sufficed to put him fully under. He had a fit just after the operation, followed by others at 11.55 P.M., 12.15 A.M., 2.30 A.M., 3 A.M., 3.20 A.M., 4.15 A.M., 5.15 A.M., 7.10 A.M., 8.5 A.M., 10.5 A.M., 11.53 A.M., 12.35 P.M., and 1.33 P.M. respectively. On the eighth day he was somewhat drowsy at first, but in the afternoon was better, speaking and smiling to the nurse. On the ninth day, having had no convulsions since 1.33 P.M. on the eighth day, he had one at 1 A.M., and it was the last. He had slight fits at times without any convulsion. In these the eyes closed, the breathing ceased, and he lay quite still for twenty seconds; then a noisy inspiration showed that he was coming round. He opened his eyes, looked troubled, and on being asked what was wrong said that it was pain in his head. He was quite sensible. On the tenth day the slight fits continued to recur. On the eleventh day he was more drowsy, with switchback breathing and much yawning. The wound was examined. The dressings were caked, hard, and of a brown colour over the centre of the wound. On the dressing some shiny yellow discharge was to be seen; it was odourless. The wound was healed except where the tube was. It lay in the centre, soft and pliable, and was removed. It was full of a brownish material, adherent to the inside. The cavity in the wound was swabbed with carbolic lotion, and dressings of iodoform gauze and wood-wool pads were applied. He was quite sensible after the wound was dressed, but relapsed at times into a semi-comatose state, and switchback breathing was heard now and again. On the thirteenth day he continued to be in the same state. On the fourteenth day, towards night, he was free from the semi-comatose state he had been in, and it was observed that he had begun to use the left hand in order to push the clothes off and to scratch his head. On the fifteenth day it was noticed that when he smiled it was with the right side of the face only. His symptoms were much the same as on the previous day. He passed a restless night. On the sixteenth day he was laughing and asking questions, but it was

difficult to understand what he said, as he was so hoarse. He had another restless night. On the seventeenth day the wound was dressed and was looking well. On the eighteenth day he was very restless. He had become delirious the previous night, and was difficult to manage. He had some bromidia, which soothed him. The wound was dressed and all the stitches were removed. He had champagne in the evening, but the delirium continued and morphia was administered, which made him sleep all night. On the nineteenth day he was fairly clear in the head till the afternoon, when the delirium returned. He called on people, whom he expected to see round the foot of the bed, and wandered about looking for things. He had morphia at night and slept fairly well. On the twentieth day he was in much the same condition, and little change was noticed till the thirtieth day. He had been having oatmeal gruel made with milk up to this time, but from the twentieth to the thirtieth day he had only two quarts of milk in the twenty-four hours. What sleep he obtained was from morphia or bromidia. During the delirium which was worst at night, he kept looking for things in the bed or about the room. When spoken to quietly he forgot his fancies, but if thwarted he became violent. On the thirty-first day he complained of pain just below the right mastoid process, and there was pain on pressure over this spot. The breath had a disagreeable smell. He was very restless all day, put on his clothes and went downstairs, and was outside for a few minutes. His eyes had a vacant look, and he moved about in a state of excitement. On the thirty-second day a rounded, very tender swelling was visible at the angle of the jaw on the right side, and swallowing was very painful. He would not have the throat examined, but I saw that the soft palate looked red and glazed. He had whisky at night instead of morphia, and had no sleep. On the thirty-third day the swelling in the neck had increased. The anterior wall of the auditory meatus was much swollen and the skin was very red just below the right ear. The upper part of the mastoid was quite normal and not tender. The tonsil, seen inside, was larger than usual, but it did not look as if it was the cause of the swelling. All the throat inside was red and dry. At night he swallowed with less pain. He had a hypodermic injection of morphia and slept all night. On the thirty-fourth day there was œdema of the skin on the left side of the throat, as if hypostatic, for he had lain on his left side all night. The swelling on the right side looked like pointing just below the ear. The delirium had been in abeyance since the throat began to be sore. On the thirty-fifth day he could swallow freely. The right tonsil inside was seen to be large and the whole right side was swollen, extending to the middle line. He expectorated some greyish-looking matter and some streaks of bright red blood. The swelling on the right side externally was less, but there was an extension of the œdematous state of the skin from the left side of the neck to under the chin. He was fairly quiet all day, but the delirium returned at night. On the thirty-sixth day the swelling on the right side had extended towards the malar bone, and the skin was red and shining behind the ear. His mind still wandered, though he answered sensibly when spoken to. At night he thought that there were lizards and rabbits in the bed. We endeavoured to give him a hypodermic injection of morphia, but he resisted, declared that we were going to stab him and called for the police. On the thirty-seventh day the neck was much better, and he could open his mouth as usual. He was dressed and went downstairs in the afternoon and drank a cupful of tea, sitting at the table among the rest. His voice was still hoarse. At night the delirium returned. He was talking to people he had known at one time and was frightening crows at another. He had morphia, and slept well. On the thirty-eighth day he said that his neck was much better, and that his head was sore only when the centre of the cicatrix was pressed upon. The delirium continued. On the thirty-ninth day the neck was almost free from swelling, and it was decided to discontinue the use of the morphia, but to get him into the fresh air and so try to induce sleep. At 12.30 P.M. he was driven for six miles among the hills to a sulphur well, but he would not drink any of the water. He had a walk at the well. While in the trap, he kept looking for something in the bottom and paid no attention to anything on the way. On his return he had some soup, mutton, and potatoes, and then lay down on the sofa and slept for an hour. He was fairly quiet till 7 P.M., when delirium began again. He thought that folks were after him. He had no morphia, but fell asleep at 4 A.M. and slept till 7 A.M. On the fortieth day he was again driven to the sulphur well and drank a tumblerful and a half of the water, which acted freely on the kidneys before he got home. Some of the water was taken home in bottles, which he drank, and thus kept up the diuresis. He slept after dinner and walked with me in the evening, talking quite sensibly and taking notice of things as we passed them. A lady came to tea whom he had not seen for a long time. He knew her, but rambled as he sat at tea. Going to bed at 11 P.M. he asked where his wife was; and on learning that she was in bed in another room he sent a message to her to come to her own bed, which she did. He kept sitting up in bed as if seeing something, but only once got out of bed. He slept from 4 A.M. to 8 A.M. On the forty-first day, on waking, he told his wife that during the night he thought that something was coming down the chimney; also that he saw a man sitting in the corner of the room, and on getting up to look he found another at the foot of the bed. He seemed to be puzzled, and asked her whether "she was ever that way." On questioning him he said that he remembered seeing the lady who was at tea on the previous night, but that he could not remember anything before that since his accident. He passed a large quantity of urine in the night. He was again driven to the well, and drank freely. He noticed things as we drove along during the day, and talked and was quite like himself, with the exception of a strange look about the eyes and the hoarseness. He gradually improved. His hoarseness was found to depend upon paralysis of the left vocal cord, the only trace of paralysis that remained. On the forty-sixth day he went to stay with some friends among the hills and returned in a week still hoarse, but all right as regarded the eyes and feeling well in every way.

The temperature, which was normal on the day of operation, rose to 100° F. next morning, but from that day until Aug. 21st it ranged for the most part between 98° and 99°. On the 22nd it rose to 100°, but by the 24th it was again normal. The pulse varied from 80 to 100, except on a few occasions, when it was only 60; and on Aug. 22nd it was 120.

Remarks.—The points of interest in this case seem to me to be: (1) the fact that the patient could, at the outset, with such a lesion go about and argue as to his condition; (2) the success of the operation; (3) the peculiar delirium, which disappeared with the onset of diuresis; (4) the swelling in the right side of the neck, as to the nature of which there may be some difference of opinion; and (5) that the paralysis of the left vocal cord was the only trouble left. The moral surely is that a surgeon who can trephine with impunity need never hesitate to do so where there is any doubt.

Canonbie, N.B.

A CASE OF INTESTINAL OBSTRUCTION PRECEDED BY THE PASSAGE OF AIR AND FÆCES IN THE URINE FOR FOURTEEN YEARS.

BY J. CLELLAND CLARKE, M.B. EDIN.;
AND
F. A. SOUTHAM, F.R.C.S. ENG.

As the passage of air and fæces in the urine is a somewhat uncommon condition, particulars of only sixty-three cases having been collected in the valuable monograph on this subject by Mr. Harrison Cripps,[1] the following account of a case which was under observation for a period of fourteen years is perhaps worthy of record.

THE HISTORY OF THE CASE, BY DR. CLARKE.

In 1879 a gentleman forty-seven years of age suffered from dull continuous pain in the loins and lower part of the back and abdomen; this continued for two months, then became acute, and finally terminated suddenly, after which there was a discharge of pus with the urine. He then regained his usual state of health, but noticed from time to time a sputtering and explosive discharge of air in micturition; he also had occasional mild attacks of cystitis and irritability of the bladder. At this time he was attended by Sir W. Roberts and the late Mr. R. A. Clarke of Farnworth. I first saw him professionally on Aug. 4th, 1887, for an attack of bilious vertigo, which soon passed off. At this time he suffered occasionally from cystitis, irritability of the bladder, passage

[1] The Passage of Air and Fæces from the Urethra. By W. Harrison Cripps, F.R.C.S. Eng. London, 1888.

of air with urine, and a discharge of fluid before defecation in the morning. In the intervals of his attacks of cystitis his general health was good. In 1888, by my advice, he consulted Mr. Reginald Harrison, who found débris of muscular and vegetable tissues in the urine and diagnosed recto-vesical fistula. In June, 1889, while travelling in Germany he had an attack of constipation which lasted for a week, and from this time he suffered more or less from a constipated habit. In July, 1890, while at Harrogate, he had a more severe attack of cystitis, and for the first time matter distinctly fæcal in colour and odour appeared in the urine. With rest in the recumbent position this gradually passed off, and he regained his usual state of health. In March, 1893, after another attack of cystitis, fæcal matter passed freely into the bladder and was discharged per urethram without difficulty. No urine was discharged per rectum, the bowels were habitually constipated, and the evacuations were small in quantity, but properly formed. He did not feel comfortable unless the bowels acted at least twice daily; in other respects his condition was good. On Aug. 11th, after the bowels had been confined for four days, he was seized with severe pain in the lower part of the abdomen, accompanied by distension. On the administration of saline purgatives with occasional enemata the bowels acted slightly on the 12th, freely on the 13th, and partially up to and including the 19th; the pain almost subsided, but the distension continued. On the 20th the bowels did not act, and the distension increased. On the 21st I called in consultation Dr. D. J. Leech of Manchester, and the treatment was continued as before. On the 23rd the distension had further increased, there was no relief to the bowels, and there was occasional vomiting. A full dose of calomel was given, and an enema by means of a long gum-elastic tube was tried; the tube passed easily for a distance of two feet; there was a discharge of flatus by the tube, and a small quantity of fæces was passed after its removal. This caused no pain or discomfort, but there was no relief to the distension or obstruction. On Aug. 24th, after consultation with Dr. Leech and myself, Mr. Southam performed right inguinal colotomy, as the symptoms were becoming urgent, and it was hoped that an opening into the cæcum would be above the obstruction, which was believed to be situated in the large intestine, though it was impossible to determine either its nature or its exact position.

DESCRIPTION OF THE OPERATION, AND REMARKS, BY MR. SOUTHAM.

The patient having been anæsthetised, the cæcum was readily exposed by an incision, two inches and a half in length, made about an inch internally to the anterior superior spine of the ilium, and as it was found to be distended it was evident that the obstruction was situated lower down. The bowel was attached to the margins of the wound in the skin and parietal peritoneum by numerous fine silk sutures, which included the serous and a portion of the thickness of the muscular coat of the intestine. Additional sutures were also passed through the angles of the incision, so as to completely close the general peritoneal cavity, a small portion of the cæcum, about the size of a shilling, being left exposed in the wound. The urgency of the symptoms and the distension of the abdomen being too great to admit of performing the operation in two stages, an incision was made into the exposed portion of the cæcum, and this was at once followed by a free discharge of gas and fæcal matter. The subsequent treatment consisted in keeping the wound as clean as possible by frequently irrigating it with boric lotion. The operation was followed by complete relief, the distension gradually disappearing, and the abdomen becoming soft and flaccid. On the third day there was a natural action of the bowels, and after this date until the termination of the case gas and fæcal matter escaped freely by the rectum as well as through the wound. For the first week the progress of the patient was in every way satisfactory; he took nourishment well, the pulse and temperature were normal, and his abdominal symptoms were quite relieved. On the evening of the eighth day he was suddenly seized with a severe rigor, the temperature rising to 104° F. This was repeated early the following morning, and, symptoms of collapse setting in, he gradually sank, death taking place on the tenth day after the operation.

The chief points of interest in connexion with the case are as follows: 1. The probable origin of the fistulæ in an abscess in the cellular tissue between the rectum and bladder, over 70 per cent. of the recorded cases being of inflammatory origin. 2. The long period—viz., fourteen years—during which air and fæcal matter escaped in the urine without causing any great inconvenience. 3. The subsequent formation of a fibrous stricture immediately above the communications between the rectum and bladder, as the result of chronic inflammatory changes set up in the wall of the bowel by the long-continued irritation. 4. The sudden occlusion of the stricture by the prolapse of a polypoid fold of mucous membrane, which acted like a ball-valve, preventing the passage onwards of fæces, but allowing the introduction of an enema-tube in the opposite direction. 5. The restoration of the natural route after the distension of the bowel had been relieved, and the pressure on the proximal side of the stricture removed by the performance of colotomy. 6. The supervention of gangrene of the wall of the bowel above the stricture, owing to interference with its circulation from pressure and distension by retained fæces previously to the operation.

REPORT OF POST-MORTEM EXAMINATION, BY DR. KELYNACK.

On opening the abdomen—the only part examined—the union between the cæcum and abdominal wall at the seat of operation was found to be perfect; there was no evidence anywhere of peritonitis. The lower part of the sigmoid flexure, with the upper part of the rectum, was dark in colour, soft in consistency, and evidently in a necrotic condition; there was no intra-peritoneal perforation of the bowel. On laying open the lower part of the intestinal canal a distinct fibrous stricture nearly two inches in length was found about eight inches from the anus. It admitted the tip of the forefinger on gentle pressure. The mucous membrane was somewhat thickened and forced downwards into the lumen of the stenosed gut in polypoidal projections. One of these, which was distinctly larger than the others, almost blocked the narrowed canal and, when engorged with blood during life, doubtless played an important mechanical part in the production of the final obstruction. There was very little inflammatory thickening around the gut, but the stenosed portion, with the part immediately beneath it, was firmly adherent to the left side of the posterior wall of the bladder. Almost immediately below the stricture there was a fistulous opening sufficiently large to admit a full-sized catheter. The fistulous tract passed downwards, inwards, and forwards between the coats of the bladder, communicating with that viscus by four small irregular openings with thickened and rounded edges, situated nearly in the middle line at the base and lower part of its posterior wall. The bladder contained fæcal matter mixed with urine, but presented no distinct evidence of cystitis. The fistulous tract also burrowed upwards in the wall of the bowel, extensively separating its mucous lining and opening into the intestinal canal at several points both within the strictured portion and above it. At several places the walls were so thinned and necrotic as to be readily lacerable upon gentle traction. There was no evidence of any pelvic abscess or localised peritonitis, and no growth could anywhere be detected. The adhesion between the rectum and bladder was so limited that the recto-vesical pouch presented no evidence of any inflammatory matting. The remaining portion of the intestinal tract presented no important features. The kidneys were somewhat granular, but neither they nor their ureters showed any traces of either recent or old suppurative mischief.

ON THE EFFICACY OF CHLORAL HYDRATE IN LABOUR.

BY JOHN E. GARNER, M.D. ABERD.,
HONORARY MEDICAL OFFICER TO THE PRESTON INFIRMARY.

HAVING recently attended three primiparæ under the following circumstances, I think they are worthy of report and may be useful examples of the great good that attends the use of chloral hydrate.

CASE 1.—This case was that of a strong muscular woman thirty-eight years of age, to whom I was called on April 1st, 1892, at 7 A.M. She had been restless all night, suffering from frequent pains and general uneasiness. On vaginal examination I found that the os uteri had made no progress to dilatation. Accordingly I gave her one grain of opium in order to allay this irritability. At 2 P.M. she continued to be much in the same way; the opium had not done any good so far as I could judge. My next visit was at 9 P.M. At

this visit I made an examination and found the head presenting, that the os had slightly dilated, and that perhaps the head had descended somewhat; the pains had continued "niggling" away all day without effecting a dilatation of the os uteri. I thought then that I would follow the advice of Dr. Playfair, and administered chloral hydrate. I gave ten grains of this drug and ordered it to be repeated every hour for three hours. The result was that no sleep was procured; the pains continued to increase. The child was born at 1 A.M. on April 2nd, before the messenger had time to come for me to be present at the delivery. The perineum was slightly ruptured, which I remedied by suturing; in due course it healed up. The chloral had, in my opinion, the effect of relieving the rigidity of the os uteri and allowed of a very speedy dilatation and a rapid delivery of the child without in any way diminishing the frequency or the expulsive force of the pains. The patient and infant did very well. The urine had to be for a few days drawn off by catheter, which is a very common procedure in primiparæ, especially when a ruptured perineum has to be contended with.

CASE 2.—The patient was a primipara twenty-five years of age, whom I was called to see at 8 P.M. on April 23rd, 1892. She was worn out from ineffective pains. On making the usual vaginal examination I found the head high up and the os uteri very slightly dilated, sufficient to admit the point of the forefinger; the rectum was distended with fæces. After having given a copious enema so that the bowels were well cleared out, I adopted the same plan as in Case 1—viz., began the chloral hydrate at once. The first dose was given at 9 P.M. In an hour the os had slightly given way, and the patient had lost her nervousness and was not despondent. Another dose of ten grains of chloral hydrate was taken again about 12 A.M. I visited her and found the os gradually giving way, but the pains had not ceased in the least. Yet another dose was given as before, and I left about 12.30 A.M., giving instructions that I should be sent for when wanted, trusting that I might not be disturbed until about 8 A.M., and as I live only about 200 yards from the house I thought I could be in time when required. However, the nurse informed me that the pains came on so rapidly that she had not time to send for me to be in attendance at the delivery, and she was herself astonished when the infant was born with so little trouble, especially in a first case. The perineum was very slightly ruptured. One stitch was sufficient to effect the necessary repair. The patient made an uninterrupted recovery; no catheterism was required.

CASE 3.—This case is more interesting as there was a complication of albuminuria, and chloral had been given with a double object in view. The patient was a primipara aged thirty-four years. Two months previously to her confinement her urine was loaded with albumen, her face was swollen, as were also the arms and legs. I directed that she should go to bed and prescribed liquor ammoniæ acetatis, citrate of potash, and tincture of digitalis, together with milk diet, and that the bowels should be kept regularly opened daily with a mild aperient. The œdema passed off under the treatment adopted, and the albumen was considerably diminished. The patient was again allowed to get up in the course of a fortnight. She continued the medicine until about two weeks before her expected confinement, when there were added ten grains of chloral hydrate with a view to ward off uræmic convulsions and to ease her pains in the early stage of labour. On April 29th, 1892, she began to have warning of the expected event. At 8 A.M. I visited her and found her very uneasy, she not having taken her chloral since the evening before. After making the vaginal examination, and finding the os, as in the former case, just beginning to dilate, I told her to take her medicine at once. I gave her a fresh supply made up with tincture of cardamoms and asked that it should be taken every two hours, which was done. I called again about 1 P.M. and found her to be progressing very nicely; I returned at 4 P.M. and was in time to assist the woman in her labour by supporting the perineum. The child was born at 4.30 P.M. without the slightest rupture of the perineum beyond the fourchette within the vulva. The mother made an uninterrupted recovery and is now doing her household duties. The œdema has all disappeared.

Remarks.—I think that these three cases prove that chloral hydrate has a great effect in assisting the dilatation of the os uteri and relaxing the rigidity of the perineum. No post-partum hæmorrhage followed, nor was there any delay or difficulty in the expulsion of the placenta. The chloral, I think, might take the place of chloroform in many cases if given in a small repeated dose during the long and tedious labour of the primipara. It did not seem to diminish the expulsive power of the pains, as I have often noticed in chloroform cases. I submit that the chloral might be further tried in place of the chloroform inhalation in primiparæ in order to relieve the rigid perineum and so to avoid having to use forceps. Chloroform further, in my experience, is attended with a great tendency to post-partum hæmorrhage, which I have never seen, so far, after the use of chloral in labour. Great thanks are due to Dr. Playfair for recommending this drug in his work on Midwifery. For many years I have from time to time experienced its boon to the poor, worn-out, wearied, and anxious mother despondent with fear. After a dose of the chloral the frenzy passes off, and the patient settles down to her travail, which has a happy and speedy result.

Winckley-square, Preston.

THE DIAGNOSIS OF PARALYSIS OF THE ELEVATORS AND DEPRESSORS OF THE EYEBALL.

BY CHARLES WRAY, F.R.C.S. ENG.,

ASSISTANT SURGEON TO THE WESTERN OPHTHALMIC HOSPITAL, AND CLINICAL ASSISTANT TO THE ROYAL LONDON AND ROYAL SOUTH LONDON OPHTHALMIC HOSPITALS.

IN the following diagram the action of each muscle and the inclination of the false image when it is paralysed are represented by four arrows on the cornea arranged roughly like a capital X. The two inner limbs of the letter illustrate the action of the superior and inferior rectus, while the two outer ones show the action of the oblique muscles. No mnemonic aid is required for the two recti, but in order to make the actions of the obliqui more easily remembered it may be

pointed out that the action of an oblique muscle is the opposite of that of the rectus of the same name. Compare the action of the superior oblique with that of the superior rectus or the inferior oblique with the inferior rectus. If a patient fixes a pencil in the upper part of the field and both eyes are directed on the same point, there will be binocular vision; if, however, the elevator of one eye is paralysed, that eye will lag behind its fellow and there will be downward strabismus, and as a consequence an overhigh projection of its image, thus establishing—*Rule 1:* In diplopia in the upper part of the field the upper image

is seen by the misdirected eye. In investigating the lower field in the same way, if both eyes converge on the same point there will be no diplopia, thus implying healthy depressors; if, however, there is weakness of the superior oblique or inferior rectus, the affected eye will remain higher than its fellow, and there will be upward strabismus and an over-low projection of its image, thus confirming *Rule 2:* In diplopia in the lower part of the field the lower image is the one seen by the misdirected eye.—It will also be apparent from the diagram that paralysis of an oblique muscle will give rise to inward strabismus and therefore homonymous diplopia. *Rule 3:* Paralysis of an oblique muscle gives rise to homonymous diplopia.—The diagram also shows that paralysis of a superior or inferior rectus will give rise to external strabismus and crossed diplopia. *Rule 4:* Paralysis of a rectus muscle will give rise to outward strabismus and crossed diplopia.

Application of the rules.—A pencil should be held high up in the upper visual field. If the patient sees but one image, neither eye lags; there are no strabismus and no affection of the elevators (superior rectus or inferior oblique). In the case of diplopia direct the patient to shut the eye he habitually closes to prevent giddiness. If the upper image disappears he has closed the affected eye. He should now reopen it and note should be taken whether the diplopia is homonymous or crossed. If the former, by Rule 3 the inferior oblique is affected; if crossed, the superior rectus by Rule 4. The lower field is investigated in the same way. Absence of diplopia would imply healthy depressors, while Rule 2 would enable the surgeon to recognise which was the affected eye. The next question would be as to whether the diplopia is homonymous or crossed. If the former, by Rule 3 the superior oblique is paralysed; if the latter, by Rule 4 the inferior rectus. In one or two cases where the diplopia was occasional it was quite easy to discover the affected muscle by taking the patient into a dark room and using a red glass in front of one eye, while in others a diagnosis was made of the faulty muscle in heterophoria by the use of a red glass and convex lenses, which made the patient highly myopic. By means of this schema I was recently able to diagnose paralysis of the inferior oblique in one eye and superior oblique in the other with precision and in an amount of time that would be incredible to those who have not practised this method of examination.

Finsbury-circus, E.C.

THE TREATMENT OF CHRONIC HYDROCEPHALUS BY BASAL DRAINAGE.

BY ALFRED PARKIN, M.S., M.D. LOND., F.R.C.S. ENG.,
SENIOR ASSISTANT SURGEON TO THE VICTORIA HOSPITAL, HULL.

I NOT long ago [1] described a new method of operating for the relief of excessive intra-cranial pressure by the withdrawal of cerebro-spinal fluid from the basal subarachnoid space. The following case was treated by me in the way described, and, as will be seen, with the happiest result.

A child eleven months of age came under my care in April of this year as an out-patient at the Victoria Hospital, Hull. It had a large head, in comparison with which the body looked small, the greatest circumference of the head being 17½ in. The temporal fossæ were obliterated, the anterior fontanelle was large, and the membrane covering it was tense. There was marked separation of the two halves of the frontal bone, and to a less degree of the parietal bones. The eyes were prominent, and the sclerotics were visible above the pupils. The child was fairly intelligent for its age and up to that time had had no fits of any kind, but was always restless and irritable. Sight and hearing were good. The mother gave a history of tubercle on both sides of the family, and said that the enlargement of the head was first noticed when the child was five months old, since which time it had gradually progressed. There was no history of syphilis. The child was treated with mercury and chalk, and later with iodide of potassium and iodide of iron. On July 18th the circumference of the head had increased to 18½ in. The general condition of the child was not so good; it took little or no notice of anything and was frequently sick. On the 21st the child was admitted into the hospital; it rapidly became worse, so that on the 26th it lay perfectly quiet in bed, never moving its limbs and not uttering the least cry, even when taken up roughly and shaken violently from side to side. The eyes were open and staring; the head was retracted. Food was taken badly, and it vomited twice or three times in the twenty-four hours. The pulse was 84. The anterior fontanelle was very hard and no pulsation was felt through it.

A little chloroform was given, and the under surface of the cerebellum was exposed about one inch below the superior curved line of the occiput and half an inch to the right of the middle line. The bone was easily gouged away, exposing the tense dura mater. After incision of the latter a few drops of fluid came away, but the passage of a probe into the subarachnoid space and gentle raising of the cerebellum allowed the exit of a quantity of clear cerebro-spinal fluid. A horsehair drain was inserted into the subarachnoid space and was brought out at the inner end of the wound, which was sewn up with a continuous suture. On the next day (the 27th) the condition of the child was most satisfactory. The eyes were opened intelligently, and no part of the sclerotics was visible above the pupils. The anterior fontanelle was soft and pulsated. The child smiled from time to time, moved its limbs about, and recognised its mother at once. The pulse had risen to 128, and the temperature, which previously to the operation had been 97° F. for three days, was normal and remained so afterwards. The condition of the child was so different from that of the preceding day that it seemed difficult to believe that it was the same child. The improvement continued, the wound healed by primary union, and the drainage, though never very abundant, was sufficient to keep the intra-cranial tension low, as evidenced by the softness of the anterior fontanelle. The horsehair drain was removed eighteen days after the operation, no fluid having come away for the three days before its removal. The child was sent home on Aug. 22nd, and when last seen (Oct. 13th) it was in excellent health. The head was then the same size—viz., 18½ in.; there was no proptosis, the anterior fontanelle was soft and pulsating, and the mother said that the child was much more intelligent than it had ever been and that it was rapidly gaining in weight.

Remarks.—It is now three months since the child was operated on, and so far there has been no indication of any recurrence. I can only ascribe the rapid recovery from what was almost complete coma to the relief of the intra-cranial pressure in the way described. Repeated aspirations and drainage of the lateral ventricles have been frequently tried with but indifferent results. The mode of operating suggested and more fully described by me [2] is extremely easy, and gives ready drainage at a place which in a child is easily kept aseptic. Drainage through the vertebral canal is indirect, takes more time, and interferes considerably with the subsequent stability of the spinal column. It is important that such cases should be relieved before complete coma is present. Any further delay in this case would have been undoubtedly fatal, and the remarkably rapid recovery of the patient and the rise in temperature and pulse-rate all indicate the amount of good done by the relief of the intra-cranial pressure. A temporary relief of presure by aspiration seems to be productive only of temporary improvement, but a constant drainage for some time is much more likely to produce a permanent result, as it gives time for a re-establishment of lymphatic absorption, which process is undoubtedly interfered with in such cases. There are analogous conditions in cases of serous cysts and hydroceles, where tapping often fails, while constant drainage for some time frequently effects a cure. Whether similar treatment is equally efficacious in acute hydrocephalus I am at present unable to say. So far I have only tried it in one case [3] in which the coma was complete. It can only be said that it promises better than either vertebral or cortical drainage.

Hull.

[1] THE LANCET, July 1st, 1893.

[2] THE LANCET, July 1st, 1893.

[3] THE LANCET, July 1st, 1893.

A CONVALESCENT HOME FOR WORKING MEN.—Mr. Passmore Edwards has offered to the clubs of London a home for convalescent purposes at Pegwell Bay, only stipulating that it shall be supported, when opened, by others. At a meeting of the clubs lately it was intimated that there would be no difficulty in supporting it by subscriptions from the members of clubs in London or by direct donations.

RARE MALFORMATION OF THE LARGE INTESTINE RESULTING IN FATAL STRANGULATION.

BY S. A. K. STRAHAN, M.D. Q.U.I., L R C.P. EDIN.,
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IT is well known that the insane, and those related to the insane, are specially liable to physical deformities and malformations. Such imperfections as club-foot, webbed fingers and toes, crooked spines and limbs, asymmetrical faces, squints, ill-shapen heads, irregular teeth, and deformed jaws, palates, and ears are met with more commonly among the insane than among any other class of the community, except, perhaps, the criminal, the epileptic, and the deaf-mute, to whom they are closely related, as I have elsewhere shown. These signs of defective physical development are not, of course, confined to such organs and parts of the body as can be examined superficially; they are met with in every organ and tissue of the economy, and structural peculiarities of the internal organs are constantly being met with in the post-mortem rooms of lunatic asylums. It frequently happens that these abnormalities are more curious than important, as often they do not in any very material way affect the well-being of the individual; but in some cases, as in that given below, they are of grave importance. And even when they are not directly injurious in themselves they often predispose the individual to accidents which not seldom terminate fatally. In this it is seen that the normal creature is best suited for existence in the environment which has fashioned him, and that every variation from the normal, however innocent, lessens the chances of survival. The man whose case I am about to relate was a chronic lunatic: a cheerful, loquacious, and mischievous dement. His history, so far as it is relevant to the accident which terminated his life, was as follows: He was admitted into the asylum sixteen years ago and had remained an inmate up to the time of his death. On admission he was described as a single man aged thirty-two, of good bodily health. He was dirty and destructive, incoherent in conversation, and "had a delusion that he was going to rule the country." It was doubtful whether this was his first attack of insanity, and since his admission his mental condition never showed any sign of improvement. He continued in good health till the end of November, 1878, when he was seized with hæmorrhage from the bowels. It was slight at first and was attributed to internal hæmorrhoids. The bleeding continued off and on until the middle of January, 1879, when it became profuse. It was then checked by gallic acid, and he was put upon perchloride of iron; but the hæmorrhage did not wholly disappear until the end of April.

It was noted in February, 1879, that he was "always talking of pain in the abdomen, but there is no tenderness, or anything to be felt." In June of the same year there was a slight return of the hæmorrhage, but this soon disappeared, and from that time there was no abdominal symptom noted until Jan. 18th, 1891, a period of eleven years and a half, when hæmorrhage appeared again. A week later he was found to have prolapse of the bowel. About ten to twelve inches of it protruded, and there was no sign of hæmorrhoids. The prolapse was reduced and there was a great deal of hæmorrhage; three days later the bowel came down again, but with local treatment and general tonics he recovered completely. In June of the same year he had influenza, followed by right pneumonia with some pleuritis, from which he made a good recovery, and his health from then up till the time of his death was, as it had been all along, wonderfully good. The only peculiarity relating to the alimentary tract noticed beyond those above mentioned was that his appetite was voracious and depraved. He would eat, or rather bolt, all the food he could lay hands on, and he would also eat all kinds of rubbish: grass, leaves, rags, the lining of his clothes, and even the buttons off the same. All went the same way, and in order to prevent the ingestion of such things he required constant attention. This appetite, however, is not symptomatic of any particular condition, physical or mental, for it is frequently met with among all classes of the insane. On March 2nd, 1893, this man seemed to be as usual; he was lively, merry, and talking to himself, as was his habit. It was remarked, however, that his tongue was somewhat coated, and he was ordered an ounce and a half of black draught. In the evening he took his tea as usual and went to bed apparently well at 7.30 P.M. During the night he was visited every two hours by the night attendant and was twice made to get out of bed, a proceeding necessary in order to keep his bed dry. The second occasion on which this occurred was at 5.20 A.M., when he voided some urine and went to bed again without anything strange being noticed. At 6.20 A.M. he was again seen, and was then found *in articulo mortis*. I saw him within three minutes, and he was then dead. On examination I found that he had vomited some fluid of the tint of strong tea, which apparently derived its colour from the black draught swallowed seventeen hours before death. He lay upon his back with his legs extended and the forearms flexed across the chest. The abdomen appeared to be somewhat distended, the abdominal wall was tense, and the percussion note was tympanitic. The cause of death was not evident. A post-mortem examination of the body was made fifty-six hours after death, and the following is taken from the notes then made: "Cadaver that of a man apparently past middle life. There were no bruises, abrasions, fractures, or other sign of recent injury. The abdomen was green from decomposition, tense, and tympanitic." There were all the usual signs of chronic disease of the brain and its membranes, together with wasting of the brain tissue, but nothing more. The heart weighed 11 oz.; the valves were competent, and the cardiac tissue was fairly good for a person of his age (eighty) and long a dement. The left ventricle was firmly contracted; the right lung was adherent to the costæ. On opening the abdomen a large horseshoe-shaped coil of large intestine, dilated with gas to more than three inches in diameter, presented. The oval formed by this coil was so large that it covered the whole of the abdominal contents, except a small space in each hypochondriac region. The long axis of the oval extended from the left iliac to the right hypochondriac region, and the central space was closed in by a mesenteric membrane traversed by a large number of blood-vessels in a highly congested condition and very dark in colour. On examination this portion of intestine proved to be the sigmoid flexure developed to a remarkable extent. It had its origin at the lower end of the descending colon, which occupied its usual position, and after making a circle of the abdomen, in front of the other intestines and behind the epiploon, it terminated in the rectum, about four inches from its point of origin. This gigantic sigmoid flexure measured 32 in. in its outer curve, and the great intestine when removed from the body measured no less than 8 ft. 10 in. On the abnormal loop of intestine being traced down to the top of the rectum it was discovered that it was twisted upon itself, entirely occluding the gut and causing the congested state of the mesenteric vessels already mentioned. The constriction, which was situated close to the brim of the pelvis in the left iliac region, was of recent occurrence. There was no lymph poured out, nor was there any adhesion or other sign of inflammatory action. On the large loop of intestine being raised and turned from right to left (forward) twice the constriction was relieved, and the gas in the strangulated loop escaped into the rectum and descending colon. The rectum and the strangulated sigmoid flexure were empty but for the flatus. Above the constriction the large intestine contained a large quantity of fluid mixed with fæcal matter; the small intestine and stomach were comparatively empty. At the lower end of the descending colon and beginning of the elongated sigmoid flexure the intestine was narrowed to one inch and a half in diameter for a distance of nearly two inches. If not congenital, this was of long standing; but the absence of puckering or cicatrix and the uninterrupted course of the longitudinal muscular bands pointed to a congenital origin. This was the only intestinal abnormality noticed except the remarkable length of the great intestine, the additional loop of intestine being sacculated and having its muscular fibres arranged in the usual manner.

Remarks.—There cannot be a doubt that the patient's earlier sufferings from hæmorrhage and prolapse, and also his death, were directly due to his abnormal intestinal development. In all probability the prolapse was due to intussusception of the very free and abundant sigmoid flexure into the rectum, and the hæmorrhage probably depended upon partial strangulation and consequent ulceration, arising from twisting of the abnormal portion of intestine. The abnormality in this case was in itself apparently innocent, yet it predisposed the individual to grave accidents and in the end proved fatal. Had he been able to tell of his sufferings, or had the usual signs of intestinal obstruction made their appearance, as they would have done in an ordinary patient some considerable time before death, it is possible that by

dilatation of the bowel or other means his life might have been saved; but after the volvulus had assumed the form in which it was found after death I am confident that no means short of opening the abdominal cavity could have restored the passage.

Berry Wood, Northampton.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SCARLET FEVER DURING PREGNANCY AND THE PUERPERIUM.

BY WILLIAM H. STEPHENSON, L.R.C.P., L.R.C.S. EDIN., &c.

ON Sept. 19th I was called to see a woman whom I found suffering from a well-marked attack of scarlet fever. The history was as follows: On Friday, Sept. 16th, she felt starved and towards evening had headache and "dull aching pains all over her," as well as slight sore-throat. She went to bed early, but passed a very restless night, was feverish, thirsty, and sick, and vomited two or three times. The patient thought she was suffering from a cold and applied the usual remedies, but the headache and sore-throat continued, and on the following evening she noticed that she was covered with a scarlet rash. Next morning I was sent for. She was a thin, delicate-looking woman twenty-seven years of age, who was pregnant with her second child, about full time, and expecting to be confined any day. She was covered with a well-marked scarlatinal rash, which was most noticeable on the face, neck, chest, and thighs. The temperature was 103·4° F.; the pulse 120; and the tongue was furred. She was complaining of headache, sickness, and sore-throat. On examining her throat I found the uvula, soft palate, and fauces presenting a deep-red, congested appearance; the tonsils were swollen and were covered irregularly with yellow secretion; and the sub-maxillary glands were enlarged and tender on pressure. She was kept in a warm but well-ventilated room—the curtains, carpets, and all unnecessary furniture having been removed. A sheet wrung out in carbolic acid solution was hung outside the bedroom door. On the following morning her temperature had fallen to 101° and the pulse to 98. She was still complaining a good deal of her throat, but the rash was not nearly so well marked and appeared to be fading. At 5 P.M., however, I received an urgent message, and on my arrival I found her in labour, the pains having commenced at about 4 P.M.; the os was slightly dilated, and the pains, which were strong, recurred about every fifteen minutes. The presentation was normal. About 10 P.M. she was delivered of a healthy female child. She suffered from great faintness during the labour. The placenta, which was partially adherent, was removed by hand twenty minutes afterwards; there was little or no hæmorrhage, and the uterus contracted well. On the following morning the temperature had fallen to 99°, the throat was much better, and the rash had almost gone, but she was complaining of great faintness and exhaustion; the pulse was only 65, feeble, and easily compressible; the heart sounds were feeble, but distinct, and there were no murmurs; the lochia were normal, and there was no pain or tenderness over the uterus. However, as there had been adherent placenta, I thought it advisable to wash out the interior of the uterus with a solution of corrosive sublimate (1 in 3000). This was done once daily for the first five days, and the strictest precautions were taken as regarded cleanliness; the vagina was syringed out every night with Condy's fluid. There was free desquamation, and the patient made an uninterrupted recovery, except for slight albuminuria, which occurred during the third week and was probably due to a slight chill which she had contracted while sitting up.

The points of interest in the case seem to be: 1. The patient contracted and developed an attack of scarlet fever during the last week of pregnancy, which presented typical symptoms and ran the ordinary course of the disease, this being contrary to the view held by some authorities that scarlet fever occurring during pregnancy has its incubation period indefinitely extended and postponed until after labour and then appears in a form hardly distinguishable from puerperal septicæmia. 2. The pains were strong and quick, and although there was partially adherent placenta there was little or no hæmorrhage, which, again, is contrary to the opinion of some, who hold that when labour occurs during an attack of scarlet fever—e.g., after the disease is established—the pains are apt to be feeble and post-partum hæmorrhage is liable to occur. 3. The labour came on the third day after the disease developed, and, with the exception of the slight adhesion of placenta, was normal. The woman never developed any symptoms of septicæmia. The temperature, which had commenced to fall before labour, continued to fall until it became normal. 4. The marked cardiac weakness, as indicated by the great faintness and slow, feeble pulse. The case rather tends to confirm the opinion expressed by Dr. Boxall in a series of papers read before the Obstetrical Society in 1868 that infection by scarlet fever begets scarlet fever and nothing else in a puerperal woman and is not the cause of septic or other pyrexial conditions. Löffler found the streptococcus pyogenes in cases of scarlatinal sore-throat, and Fraenkel and Freudenberg have also investigated the organisms of scarlet fever and have found that the streptococcus pyogenes is present in the blood in a considerable number of cases, without, however, apparently giving rise to any suppuration or septic infection. As these organisms are present, however, it is not difficult to imagine them finding a suitable nidus in the numerous lesions in the genital organs and surrounding tissues of a parturient woman, especially when there has been a prolonged or instrumental labour and where the tissues are more likely to be damaged, or in women who are in a very delicate state of health. Although in the case recorded there was partial adhesion of the placenta, which was removed by hand, no septic symptoms arose; is it not just possible that the strict cleanliness and the fact that the interior of the uterus and passages were syringed out daily with an antiseptic solution may have had something to do with the non-development of septicity?

Harpurhey, Manchester.

LOCOMOTOR ATAXY TREATED BY PHOSPHATIC INJECTIONS.

BY FORBES WINSLOW, M.B. CANTAB., D.C.L. OXON.

IN June I was consulted by the friends of a man aged thirty-four years, who was suffering from marked symptoms of locomotor ataxy. The complaint had been gradually developing for the last two years, and the supposed cause was a fall from his horse in the hunting field. There was complete want of coördination in his movements, he was quite unable to walk without the assistance of two sticks, and when seated in a chair he could not raise himself without assistance. The case was a very characteristic one. I advised that a consultation should take place, and in the latter end of June I met the late Sir Andrew Clark for that purpose. The patient was pronounced to have advanced tabes, and to be incurable. With a view of benefiting my patient I placed myself in communication with Dr. Brown-Séquard as to the organic injections, but in consequence of the friends objecting to this it had to be abandoned. Having heard, however, that much benefit had been seen from the practice, now gradually coming into vogue in Belgium, of treating tabes by means of phosphatic injections, I placed myself in communication with the leading physicians in Brussels, with the result that a consultation took place over there on the case. Having previously obtained the written opinion that in the numerous cases in which it had been tried no bad effects had ever been produced, I determined to give my patient the benefit of this new treatment. "Phosphate de soude" in combination was injected into the neighbourhood of the spinal column by me fifty times, the opinion being that, if after this number there were no marked signs of improvement, no good would result. After the twenty-fifth injection most marked improvement became visible, and on the completion of the fiftieth injection my patient was completely cured. He could run up and down stairs, all the want of coördination had disappeared, there was positively nothing wrong to be detected in his gait, and all sticks and mechanical helps were thrown aside. A further consultation took place in Brussels on Sept. 23rd, when he was described as a marvellous case and his recovery was

pronounced to be complete. Since I first became cognisant of the treatment I have tried it in other cases, and in all the disease appears to be yielding to its use. It has been tried with the utmost success in Belgium, and the above case is in itself so important as to warrant my publishing it in the columns of THE LANCET.

Devonshire-street, Portland-place, W.

RINGWORM OF THE NAILS.[1]

BY DAVID WALSH, M.B., C.M. EDIN.,
ASSISTANT PHYSICIAN, WESTERN SKIN HOSPITAL, GREAT PORTLAND-STREET, W.

THE notes of the following somewhat rare condition were taken from a patient who presented himself complaining of painless deformity of the nails of his left hand. He was a dark, healthy-looking man thirty-five years of age. His family history was good; there was no tendency to skin diseases. He said that more than two years ago he suffered from a rash on the chin after being shaved at a barber's shop. He was treated at a hospital for what was called "barber's itch." A month after the eruption on the face several patches appeared on the back of the left hand. These patches spread into rings, which, however, soon disappeared under the use of an ointment procured from a chemist. Two or three months after the eruption first showed itself on the hand the nails began to be affected and have remained so ever since—a period of two years and four months. On the left side of the patient's chin there is a roundish, smooth, hairless patch, marking the site of the original outbreak. Later the hair began to grow on the outer edge of this patch. All the nails of the left hand, except that of the ring finger, are replaced by a thorny material ridged like whalebone. A deep groove is hollowed out beneath the semilunar fold in all the affected nails except one, and in that there has been an attempt at reproduction of healthy nail. He said that a similar growth of smooth nail had taken place in all the altered nails of the affected fingers, but that when the fresh nail had grown about half its proper length it became first discoloured and then broken down. The nail of the ring finger of the left hand is healthy, beyond the fact that it is slightly dotted and pitted, a symptom which applies to the nails of the right hand, and which the patient said was the natural condition. He came under observation by accident. He was of a restless disposition and could not be induced to carry out systematic treatment; hence this part of the case is unsatisfactory. The following appear to be the chief points of interest: 1. The clear history of the primary infection at the barber's shop, either by a razor or a shaving-brush. 2. The manner of infection: one would regard the space beneath the free edge of the nail, so readily inoculable by scratching, as an excellent place for fostering and breeding fungus, in that it is warm, moist, sheltered, and provided with a supply of organic material; in this case, however, the history clearly shows that the nails were involved by direct extension of the disease from the fingers. 3. The slight degree of infectiveness shown by the escape of the nails (*a*) of the ring finger and (*b*) of the right hand. 4. The attempts at recovery evidenced by the repeated partial growth of the smooth nail. 5. The left hand is involved, although the patient is not left-handed. He himself accounts for this from the fact that he was in the habit of rubbing his chin with the back of his left hand. Dr. Phineas Abraham was kind enough to see the patient and also to examine the scrapings of the nail microscopically. He reports the presence of abundant typical mycelium of tinea fungus, "evidently tricophyton megalosporon." The diagnosis is thus confirmed, and the presence of the large-spored tinea adds considerably to the value of the case now that the attention of dermatologists is being directed to the differentiation of the different species of ringworm. Tinea barbæ is now usually ascribed to a large-spored trichophyton, conveyed in the first instance from a lower animal—probably the horse.

Welbeck-street, W.

[1] A paper read at the Dermatological Section of the Newcastle meeting of the British Medical Association.

THE Westminster Hospital Annual Students' Dinner was held at the Criterion, Piccadilly, on Thursday last, when Dr. Bourns presided.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

A CASE OF AXIAL ROTATION OF THE TESTIS; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

WE give an account of another case of torsion of the spermatic cord, with strangulation of the testis, recently under treatment at St. Mary's Hospital. Mr. Owen has given, in some detail, references to the cases which have been published—several of them in the columns of THE LANCET—and his remarks embrace our information on this condition. The most interesting points appear to be—(1) the occasional resemblance of the acute symptoms to those of strangulated hernia, many of the cases having been diagnosed as such by those first seeing them; and (2) the result of the obstruction to the circulation, as shown in gangrene of the testis or its subsequent atrophy. The notes of the case were read at the Medical Society of London on Nov. 13th.

A schoolboy thirteen years of age was admitted to St. Mary's Hospital on June 16th last with a swelling in the left inguinal region. He said that the testicle had never come down on that side, and that two days before, after bowling at cricket, the swelling had appeared. He at once felt very ill and he vomited. Two boys helped him home, and he was then put to bed, where he had remained until his admission into hospital. Mr. Owen was immediately called to see him as a case of "strangulated hernia." Just outside the left external abdominal ring there was a tender swelling of about the size of a small hen's egg. There was no impulse in it; the skin over it was not discoloured. The boy was in considerable distress.

On gently dragging the tumour downwards Mr. Owen found that the spermatic cord and the external abdominal ring were free and clear; the tumour could not, therefore, be a hernia. As there was no history of injury it was not likely that the swelling was either a hæmatocele or an inflamed testis, Mr. Owen's opinion being that it was not improbably a testicle which was engorged as the result of axial rotation of the cord. On cutting down to the testicle, however—which was done at once—the cord above the tumour seemed to be neither twisted nor congested. Mr. Owen then opened the distended tunica vaginalis, and a good deal of blood-stained serum escaped. At the back of the cavity there was the swollen testicle; it was gangrenous in appearance, though not in smell. Having tied the cord and removed the testicle, it was noticed that the upper part of the tunica vaginalis still contained fluid and that it was shut off from the rest of the serous cavity—which was now wide open and empty—by an oblique groove. Further investigation showed that this groove lay exactly over an outward half-rotation of the cord which was sharp and sudden. As soon as this twist was unfolded the upper cyst of the tunica vaginalis emptied itself into the lower, the blood-stained fluid escaping as the two parts of the sac once more became continuous. The upper part of the tunica vaginalis had no communication with any funicular process, and there was no sign of hernia; but, as often happens in the case of an undescended testis, the tunica vaginalis was extremely capacious, extending well above the epididymis, and as the half-turn which the cord took was immediately at the top of the epididymis it so happened that the tunica vaginalis was itself caught in the twist, a small part of the serous cavity being thus nipped off and isolated. It was this upper distended sac which had hidden the twist of the cord until the testis had been removed. Judging from the readiness with which the swollen mass allowed itself to be lifted out from its bed, Mr. Owen thought that it possessed no mesochorium. The boy returned home cured in less than a fortnight.

Remarks by Mr. OWEN.—Though potential gangrene of the testicle, as the result of rotation of the spermatic cord, can evidently not be a new disease, yet it is only since the publication of Mr. Gifford Nash's account of Mr. Whipple's

case, and of Mr. Bryant's paper read at a meeting of the Royal Medical and Chirurgical Society, that attention has been specially directed to the subject. Since then several similar cases have been brought to light, and I propose very briefly to detail the features of chief importance in each of these records. Mr. Whipple's patient was a boy sixteen years of age with an undescended testicle on the left side. He felt something give way on straining, and, having vomited, he was sent to the Plymouth Hospital as a case of strangulated hernia. The swelling was hour-glass in shape, of which the upper part, against the external ring, proved to be a strangulated, claret-coloured epididymis, while in the lower part of the sac was the testis. The sac contained blood-stained fluid and a piece of omentum. "The epididymis appeared to be twisted twice on its own axis," but the direction of the twist is not stated. The swollen tissues were removed, and a radical cure of the hernia was effected. The boy left the hospital in less than three weeks. The specimen is in the museum of the Royal College of Surgeons of England.[1] Mr. Bryant's case was reported to the Royal Medical and Chirurgical Society on Feb. 23rd, 1892. A boy fifteen years of age had a swelling in the left inguinal and scrotal regions, with symptoms suggestive of strangulated hernia. On opening the vaginal sac black blood escaped. ..... The strangulated testis was "coal black." The cord had undergone three half-twists outwards. The testicle was saved, but it atrophied subsequently. On the same occasion Mr. Bryant reported the case of a man aged twenty-three years who had been treated by Professor Keen of Philadelphia. He had from birth been troubled by a reducible hernia and an undescended testis on the right side. On exposing the tender swelling he found a considerable extravasation of blood. "The testicle had been rotated three half-turns," but in which direction the report does not state. Professor Keen tied the cord, removed the testicle, and effected a radical cure of the hernia. The bloodvessels of the testis were thrombosed, and many of them were ruptured. Mr. Davies-Colley's case[2] was that of a boy fourteen years of age with an undescended testicle on the right side, which, at the operation, was found to be twisted "three turns" to the patient's left—that is, inwards. The operation was completed by stitching the "black mass" in the scrotum. There was no hernia or funicular process. "The greater part of the testicle sloughed away." Mr. Herbert Page's case[3] was that of a lad seventeen years of age who had been in the habit of wearing a truss for a congenital hernia on that, the right, side. On cutting down, the testis was found to be gangrenous, the cord being twisted two turns, as in driving in a screw—that is, the cord was twisted inwards. Mr. Page removed the testis and occluded the funicular process. The case did well. (The pathological specimen was shown at the meeting.) The enlargement shows that though the twist sufficed to prevent the return of venous blood it did not cut off the arterial supply. In my own preparation, however, although there was but a half-twist, it was so sharp as to arrest both the venous and the arterial flow, the epididymis and testis being, in comparison with those in Mr. Page's preparation, but little increased in size. Twelve years ago Mr. Langton[4] reported a case of a somewhat similar, if not identical, nature. A painful tumour of the size of an orange suddenly appeared in the left scrotum. There had been no injury. "The cord is free and normal above the enlarged testis." The tunica vaginalis (which was unusually extensive) was incised, and blood escaped. The epididymis was "almost black." "Its upper part presented a deep constriction, as if twisted upon itself. An attempt was made to untwist it, but without success; for the appearance was as if the entire viscus had been twisted upon its own axis and that blood had been rapidly effused into the epididymis, constituting, in fact, an apoplexy of this body." The testis and epididymis sloughed away, and the man left the hospital in the fifth week. Mr. Gifford Nash[5] recorded a case which occurred in his own practice. A youth nineteen years of age, after a bout at boxing, sat down to tea. Soon afterwards he found that he had pain in his right testicle, and, as is usual in these cases, he vomited. Mr. Nash saw him within two hours after the appearance of the first symptoms and found the testicle and the epididymis to be swollen and tender. They were in the normal scrotal situation, but the epididymis was anterior, and as he could make out a tender knob or kink in the cord he rightly thought that he had another instance of axial rotation of the testis to deal with. Without a cutting operation he promptly and smartly rotated the testicle inwards, leaving the epididymis posterior. At once pain ceased, the swelling began to subside, and the patient was relieved and happy. (It would be very interesting to know later whether the testicle received any permanent damage from this brief but serious disturbance of its nutrition.) Mr. Barker[6] published a case of strangulation of the testicle. The subject was a boy fifteen years of age, whose right testis was small and undescended. He was also ruptured on that side. He had vomited. The case was regarded as one of strangulated omental hernia. On opening the tunica vaginalis, blood-clots escaped, and the swollen and livid testis was exposed. The cord was twisted three half-turns outwards. Mr. Barker removed the damaged organ, and the boy made an excellent recovery. Dr. Fritz Cahen[7] has reported a case (with a coloured illustration) of a young man twenty years of age who had an undescended testis of the right side. When admitted into hospital it was found to be swollen to the size of a pigeon's egg and was very tender. It was thought to be an incarcerated hernia, but on the seventh day, when it was operated on, the testicle was found to be blackish red, and the cord was twisted in two rotations inwards. The testicle was free in its sac and "like a plum on its stalk." It was removed, and the patient went home cured after fourteen days. Gervais[8] has reported a "successful operation" in Mikulicz's Klinik for torsion of the spermatic cord in a boy of four years of age. The case, however, is so imperfectly recorded as to be practically valueless. The side affected is not noted. Nicoladoni has described two cases.[9] The first was that of a forester sixteen years of age, who was suddenly attacked with pain and swelling in the right testis and with vomiting. The right side of the scrotum was empty. On an incision being made bloody serum escaped, and a bluish-black and swollen testis was exposed. The cord was twisted outwards. The testis was removed. The second case was in a man aged sixty-two years; the symptoms were similar to those already many times described; the twisted cord, which had almost made a complete revolution, was upon the right side. As gangrene seemed about to supervene, the testis was removed. Bramann[10] has described a strange swelling of the left testicle, which he considered to be of a like nature with Nicoladoni's cases. The swelling was, however, less tender and acute, and as in due course it subsided under cold-water bandages there was no operation to confirm his diagnosis.

As regards the side affected, it would appear to be quite a matter of chance. Of the fourteen cases here brought together the right side was involved in eight instances and the left in five. More important than this, however, is the fact that the twist is generally associated with imperfect descent of the testis and not seldom with a congenital hernia. I doubt whether a satisfactory explanation of the cause of the rotation of the testis will be forthcoming, though various theories may be advanced. The theory of misdirected energy of the gubernaculum is not altogether acceptable; for, even if the gubernaculum has all the power ascribed to it, it is difficult to see how, being fixed at its lower end, it can swing the testis round and round; and, as the rotation has sometimes occurred when the boy has been lying in bed, violent effort cannot always be the cause of the disaster. Boys about sixteen years of age are, or should be, almost always at violent exercise, and it is at least suggestive that it is only the unhappy possessor of an undescended testicle that gets into this very peculiar kind of trouble. It is almost as if nature herself, disappointed with her imperfect work, was anxious to cast it down a Tarpeian rock. There is one thing quite certain—namely, that a testis in the scrotum which possesses a normal mesorchium cannot be twisted. A scrotal testis with a long mesorchium may, perchance, undergo rotation, but this accident is far more likely to affect an undescended testis which has no mesorchium in the proper sense of the term. The direction of the twist taken by the revolving testis is entirely a matter of chance; it was sometimes inwards, sometimes outwards, and in some of the cases the direction is not recorded. Indeed, I see no imperative reason why it should be, though as a matter of interest the direction may

[1] Reported by Mr. Gifford Nash in the Brit. Med. Jour., June 6th, 1891.
[2] Brit. Med. Jour., April 15th, 1892.
[3] THE LANCET, July 30th, 1892.
[4] St. Bartholomew's Hospital Reports, vol. xvii., p. 188.
[5] Brit. Med. Jour., April 8th, 1893.
[6] THE LANCET, April 8th, 1893.
[7] Deutsche Zeitschrift für Chirurgie, 1890, p. 101.
[8] Medical Press, May 11th, 1892.
[9] Langenbeck's Archives of Clinical Surgery, 1885, p. 180.
[10] Ibid., 1890, p. 162.

well be noted. The condition of axial rotation of the testis is exactly like that of an ovary twisted on its pedicle, and I doubt whether the surgeon who is removing such an engorged ovary investigates the direction of the coil of the pedicle. In many instances of axial rotation of the testis it must be impossible for the surgeon to make the diagnosis before cutting down upon the swelling; but when the rotation has taken place so near to the testis—as in my own case—that the external abdominal ring may be found to be empty, the cord unobscured, and the vas deferens of normal size; when there is no history of kick or blow, and no discolouration of the skin; and, lastly, when there is a history of imperfect descent of the gland, when the epididymis is found in front of the testis, or when that half of the scrotum is empty—there need be no difficulty in making a correct diagnosis. In every case, however, the surgeon must confirm or effect his diagnosis by exposing the swelling, unless, indeed, he succeeds in untwisting the cord, as Mr. Nash so effectually did. As regards treatment, the tunica vaginalis being opened, the tense, plum-coloured gland being exposed and the twist in the cord being detected, what should the surgeon do? The answer which I would give is, "Let him tie the cord high up and remove the swollen mass." And for these reasons: if, as is probably the case, the testis has never completed its descent, it is more than likely that it is of no physiological value; but, even if it be perfectly developed, the chances are that the terrible engorgement to which it has been suddenly subjected would entail its subsequent atrophy, even if the gland escaped actual suppuration or gangrene. Twisting the spermatic cord in the lower animals is the French method of producing atrophy of the testes and sterility, and surely no other result can be expected after a tight twist of the cord in the human subject. Mr. Bryant is probably correct in his surmise that certain cases of atrophied testicle have been examples of axial rotation the nature of which had been originally overlooked. Seeing, therefore, that disappointment is almost inevitable in these cases if an attempt is made to save the gland after operating, that the risks of sloughing and septicæmia are not inconsiderable, and that, on the other hand, rapid recovery follows ablation of the darkened mass, there can be little advanced (except the sentimental reason) in favour of leaving the gland. The points to which it may be well that future observers should specially direct attention in cases of axial rotation appear to me to be these: (1) The relative position of the testis and epididymis; (2) the antecedent development and the extent of the descent of the testis; (3) the association of a congenital hernia or of an open funicular process; and (4) the exact nature of the mesorchium and, in the event of the testis being replaced, the subsequent progress of the case and the ultimate condition of the testis. In conclusion, I would like to acknowledge with gratitude the help which I have obtained in compiling this account from Jacobson's valuable work on the Diseases of the Male Organs of Generation and from references given in THE LANCET. I venture to think, moreover, that I may take this opportunity of saying, on behalf of my *confrères* and myself, that the critical notes and references for which we are now accustomed to look as a preface to Surgical Reports in THE LANCET are not only exceedingly well done but of great practical value.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AN ordinary meeting of this Society was held on Nov. 14th, Dr. CHURCH, Vice-President, being in the chair.

The Death of the President of the Society.

The VICE-PRESIDENT, before opening the meeting, referred to the death of their President, Sir Andrew Clark. He observed that the gloom which overshadowed their Society at its first meeting this session had merged into the sadness which they could not fail to experience in consequence of the death of their President. In the full vigour of life and at the apogee of his fame he had been struck down by a sudden and crushing blow. To those to whom he was near and dear the suddenness of the catastrophe intensified the blow, but those among them who knew that further active participation in the business of life was no longer to be anticipated it was almost a satisfaction that he should have sunk to rest in the very plenitude of his faculties and in the midst of his many occupations. They must all be aware of the grace and dignity with which Sir Andrew Clark had presided over their meetings, and the appositeness of the observations with which he introduced the discussions must be still ringing in their ears. Only the officers of the Society, however, and the Council could know the amount of work and time and of thought that he devoted to its interests. Whenever either the interests or the usefulness of the Society could be advanced Sir Andrew Clark freely gave his time and probably also even his rest. It was, he said, somewhat remarkable, considering the length of time the Society had been in existence—eighty-three years—that it had never experienced such a loss as this: no President had ever before died during his term of office. The Society might wish to know what steps were taken under these unprecedented circumstances. An informal meeting of the Council was at once called together, at which it was decided that their senior treasurer and himself should act as its representatives, and in that capacity they had attended the memorial service at Westminster Abbey, and, accompanied by the resident librarian, went to the quiet village churchyard at Essendon, where, with the setting rays of the autumnal sun beaming over the pleasing landscape, they saw their President laid to rest beneath the overhanging branches of a noble cedar.—Dr. GEE proposed, and Mr. POWER seconded, a vote of sympathy with Lady Clark, which was carried.

Operations without Anæsthesia.

Mr. C. B. KEETLEY read a paper on Operations without Anæsthesia. He pointed out that after the discovery of surgical anæsthesia certain causes led to its abuse—viz., (1) its dangers were not at first realised; and (2) surgeons and the public forgot what could be done without it. Nevertheless, local anæsthesia received a hearty welcome, but its applicability was, of course, strictly limited, especially since it had been known that cocaine had its dangers. An alarming case in the writer's own practice led him to perform various operations under a nominal cocaine anæsthesia, and experience then acquired gave him an insight into what could be done in operative surgery without anæsthesia; but he first learned the full possibilities in this direction by the necessity of operating on certain thyroid tumours in this manner. A case was shown in which the operation lasted for over three hours. The sensitiveness of different structures was then compared. Although a tissue might be itself insensitive, its connexions might make it practically very sensitive. If the question of the sensitiveness of the peritoneum was treated from a practical point of view, that of the parts immediately beneath it must be considered at the same time. The amount of pain evoked depended greatly on the instrument used. He asked whether any rules useful in practical surgery could be deduced from the facts passed in review. General anæsthesia should, as a rule, be avoided in cases of: (1) strangulated hernia in old and exhausted subjects; (2) colotomy and colectomy in similar subjects, when the course of operation could be foreseen and planned beforehand; and (3) mere tapping, aspirating, sounding, or even laparotomy by small incision for exploring, combined perhaps with evacuation of fluid (or even of simple non-adherent cysts?). On the other hand, general anæsthesia was decidedly indicated in operations on the trunk and head, the full extent of which could not be foreseen, and for such extensive operations as major amputations, excisions, osteotomies, and trephinings. Nitrous oxide was available for many cases in which it was now usual to employ ether or chloroform, especially for special operations which the surgeon concerned was much practised in—e.g., for simple incisions, however long; for encapsuled tumours, however large, if superficial; and for refracturing mal-united bones; it was exceedingly economical of time—a most important consideration in these days. The use of cocaine was limited by the dangerous susceptibility of some individuals to any but very small doses; nevertheless it was available for many thousands of minor operations for which patients were every year exposed to the risks, discomforts, and expense of chloroform. Many cases in which cocaine was supposed to have acted were really instances of nominal or imaginary anæsthesia, and especially when the part operated on was the abdomen. Such also probably were many cases of hypnotic anæsthesia. The paper concluded with critical remarks on certain questions relating to the subject.—Mr. POWER related some of his experiences in Mr. Guthrie's practice before the era of anæsthetics. He noticed that Mr. Keetley had not touched upon the use of anæsthetics with

reference to affections of the eyes. Before the advent of chloroform such an operation as enucleation of the globe was occasionally a very serious business. Now, except for the more serious operations, as enucleation or abscission, chloroform was not even necessary, a 5 or 10 per cent. solution of cocaine being quite sufficient to render such operations as iridectomy perfectly painless. Dentists were the people who came most directly in contact with acute pain, and he mentioned a personal experience of the exhaustion and depression which followed the abstraction of a large molar tooth. Mr. Guthrie, in his "Commentaries on the War," alluded to a wounded soldier who ran with his intestines in his hands to a farm-house, where a milkmaid had washed them in warm milk and replaced them in the abdomen, and the man finally recovered. Mr. Power had been surprised that once, when suffering from pleurisy, the passage of a trocar through his chest wall had been quite painless.—Dr. KENNETH MCLEOD thought that the wish of the patient should always be considered. He mentioned that alcoholic intoxication produced complete anæsthesia. It was as important to relieve the anticipation of pain as the actual pain during the operation.—Mr. GEORGE EASTES referred to the enormous variation in relation to pain of different individuals and quoted a case in his father's practice in which a labourer had had a toe amputated without flinching, and he had himself that morning given an anæsthetic to a patient for the removal of hæmorrhoids, who, although the conjunctivæ were quite insensitive, yet evinced signs of pain at the commencement of the operation. In reference to puncture of the chest a lump of ice previously applied for two or three minutes deadened sensation sufficiently. It was always necessary to determine the depth of anæsthesia suitable to any given patient, and one great value of anæsthesia was to deaden the mental impression, so that the surgeon could go quietly to work.—Dr. F. HEWITT considered that Mr. Keetley had done good service in bringing forward this question. There was no doubt that general anæsthesia was not so successful in some classes of cases as in others. He quite agreed that one should not use a general anæsthetic if local anæsthesia was sufficient. He himself thought that in some cases of strangulated hernia, in which the patient was very bad, local anæsthesia was preferable to general. He also thought that in some cases of tracheotomy for diphtheria, in cases of innominate aneurysm with urgent dyspnœa, and in large goitres pressing on the trachea, in which the patients were suffering from bronchitis or advanced phthisis, local was again preferable to general anæsthesia. It must always be remembered, however, that this kind of cases constituted but a very small minority of operations. In all cases where the mental condition of the patient required it a general anæsthetic was necessary. Again, in some pulmonary and pleural conditions there was a certain degree of risk in the use of a general anæsthetic; but he wished to make it clear that the cases in which general anæsthesia could be dispensed with formed an infinitesimal minority.—Mr. W. G. SPENCER thought that the danger of general anæsthetics must be chiefly laid to the door of those who administered chloroform without having had sufficient experience. He considered that operations about the rectum could only be undertaken when the patient was under a general anæsthetic. Although not much used now, one of the quickest and most satisfactory ways of incising the skin was by transfixion. If patients came to during an operation they seldom had any memory of acute pain.—Mr. BALLANCE quite agreed with Mr. Keetley that some operations on the thyroid could be done without a general anæsthetic. In many cases he felt that it was of great advantage to intermit the administration of anæsthesia during operations. He always felt that a patient was never so near death as when under profound anæsthesia; still, for all serious operations he was sure that general anæsthesia was of advantage to both patient and surgeon. In abdominal cases prolonged anæsthesia was by no means always necessary; and if the surgeon would get his sutures into place while the patient was unconscious a large part of the operation could be done without continuing the anæsthetic. He considered that general anæsthetics were absolutely necessary in operations upon children.—Mr. KEETLEY, in reply, quite agreed that anæsthetics should always be used for children except for such an operation as that for imperforate anus in early infancy. He defended the removal of the goitre without an anæsthetic on the ground that in a previous case the anæsthetic had been almost impossible to administer owing to impending death more than once during the operation; and it was well known that surgeons who operated largely on bronchoceles, such as some of the Swiss surgeons, had discarded the use of anæsthetics. He remarked on the fact that patients not under an anæsthetic usually did not interfere with or hinder the operator.

MEDICAL SOCIETY OF LONDON.

Strangulation of the Testis due to Axial Rotation of the Spermatic Cord.—Nephrectomy for Hydronephrosis.

A GENERAL MEETING of this Society was held on Nov. 13th, 1893, the President, Dr. BRISTOWE, in the chair.

The PRESIDENT, alluding to the recent death of Sir Andrew Clark, remarked on his many great qualities as an admirable physician, a well-educated gentleman, and a good man of business, who had increased his already high reputation by the manner in which he had filled the office of President of the Royal College of Physicians. He proposed a vote of condolence with the family of the late physician, which was seconded by Mr. BRYANT and carried.

Mr. EDMUND OWEN read a paper on Strangulation of the Testis due to Axial Rotation of the Spermatic Cord, which is published in full on page 1247 of our present issue.—Mr. BRYANT thanked Mr. Owen for his valuable contribution to practical surgery. He himself was unable to offer a satisfactory explanation of the way in which the axial rotation was brought about. These cases appeared usually to occur in young men with some malformation of the genital organs. In all the cases quoted but one either the testis was not descended or there was associated with it some form of congenital hernia. As to diagnosis, he felt that in a majority of cases that might present themselves he would be able to recognise them. It was true that the general symptoms were to a degree those of hernia. The attack began with sickness, but beyond this primary sickness there occurred no persistent vomiting and no abdominal distension; the abdomen, indeed, was concave rather than bulged, and abdominal pain did not extend beyond the region of the trouble. The local symptoms, on the contrary, were more severe than in strangulated hernia and were not at all in proportion to the general symptoms. In some cases the scrotal swelling could be isolated from the ring, and then hernia could be definitely excluded. There was no impulse, and the tumour was more tense and tender than were most herniæ. Though he agreed generally with the treatment proposed, he would not think it advisable to remove the testis in every case. In his own case atrophy followed, but the organ gave no trouble. When it was associated with congenital hernia, then, undoubtedly, the testicle should be removed and a radical cure performed.—Mr. GIFFORD NASH gave particulars of two cases: one was under the care of Mr. Whipple of Plymouth, in which the swelling was hour-glass-shaped; the upper half was found to be the epididymis and the lower half the testicle; in this case the vomiting was very severe, and the practitioner who sent it in said it had been stercoraceous. The second case he met with in a boy aged nineteen who had had no affection of the testes before. After a bout at boxing and jumping over a form he was seized with vomiting. Two hours later he saw the patient and found the epididymis in front of the testis, both being tender. There was a lump in the cord an inch above the testis; above this level the cord was normal, while below it was swollen. He untwisted the kink, and in ten minutes the pain was gone. A month afterwards the testis was normal. Having referred to some other published cases, he said that the position of the twist might be either in the ring, in the canal, at the external ring, or below it.—Mr. RICHARDS asked whether the twist in the cord might not be congenital—at first slight and then increased with strain.—Mr. OWEN, in reply, believed in the possibility of a slight twist as a congenital condition.

Mr. BLAND SUTTON read a paper on Nephrectomy for Hydronephrosis. His object was to demonstrate the comparative safety of this operation when carried out on certain definite lines. By far the greater number of hydronephroses were due to some easily demonstrable obstruction in the urethra, bladder, ureter, or pelvis of the kidney, the obstruction being either incomplete or, if complete, only temporary. If there were complete and permanent plugging of the ureter the kidney would rapidly atrophy. In many of the largest hydronephroses no obstruction could be demonstrated, and abnormal movements in the kidney producing kinking of the ureter could not explain all cases. Though all hydronephroses large enough to form a detectable tumour intermitted, yet he thought that the phrase "intermitting hydronephrosis" should be exclusively reserved for those cases in

which great diminution or temporary disappearance of the swelling occurred. In an interesting case of a woman forty-two years of age, the subject of bilateral hydronephrosis, the cysts used to intermit alternately, and he actually witnessed the phenomenon of intermission while performing abdominal section on her. He gave particulars of another case in a woman twenty-six years of age, in which intermission occurred in a unilateral hydronephrosis, and the occasional disappearance of the tumour gave rise to a good deal of perplexity. After exploring through a median incision he removed the hydronephrosis, which had a capacity of nearly one hundred ounces, through a wound in the loin. In this case the pathological difficulties were even greater than were those of the diagnosis, for there was no evidence whatever to explain the cause of the temporary obstruction. He showed another example of unilateral hydronephrosis in which the closest examination of the ureter and bladder failed to detect an obstruction, and in which during life there were no symptoms indicating renal disease. When hydronephrosis was bilateral the signs were often in abeyance until the amount of renal capital was reduced to the minimum capable of meeting the ordinary demands of the individual, and directly there was an extra call the low amount of available renal tissue became alarmingly manifest, and the patient died. He gave particulars of a case of bilateral hydronephrosis in a man twenty-six years of age which illustrated this. One of the greatest dangers in hydronephrosis was suppuration. This condition he distinguished from pyonephrosis, in which the lesion was inflammatory from the outset, and he compared it to a suppurating ovarian cyst; it required similar treatment and furnished incomparably better results. In many cases the hydronephrosis became septic by way of the ureter; but another important source was the colon, the ascending or descending portion of which often lay in intimate relation with a hydronephrosis sac, the walls being so thin as to permit of osmosis taking place. Under these conditions the attack was apt to be confounded with typhoid fever, and he quoted a case occurring in a young Frenchwoman in illustration of this. Having discussed the diagnosis of these cases and condemned the resort to aspiration for ascertaining the nature of any abdominal tumour, Mr. Sutton concluded his paper with some practical remarks on treatment. With a unilateral hydronephrosis, the other gland being in good condition and working properly, the disorganised kidney should be removed, especially if it had suppurated. Where both kidneys were hydronephrotic, incision, and drainage constituted the wiser course. In performing nephrectomy he first opened the peritoneal cavity by an incision in the linea semilunaris, ascertaining the nature of the tumour and the condition of the opposite kidney; then he closed the abdominal wound and removed the kidney through an incision in the ileo-costal space, following closely the rules laid down by Mr. Henry Morris. He did not begin to detach the kidney until the finger was well within the capsule; in ligaturing the pedicle he kept close to the kidney, and he deprecated the use of large forceps to clamp the pedicle before securing the ligature.—Mr. ALBAN DORAN held that in hydronephrosis of a floating kidney nephrectomy should not be performed at once. He quoted a case of this nature in which, after rest in bed, the tumour disappeared, and the application of a belt seemed to prevent its recurrence. In a second case of hydronephrosis there was a curious condition of the pedicle, an aberrant artery running up the ureter and obstructing it. He had seen nephrotomy performed for hydronephrosis in one case; but the sinus did not close, and nephrectomy was required later.—Mr. HENRY MORRIS agreed that cases would be met with in which it was impossible to discover the cause. In the "perfected state" of hydronephrosis it was, perhaps, not surprising that the cause of the first state should not be evident. There might have been a movable kidney which caused a kink of the ureter and the beginning of a hydronephrosis, while ultimately the organ would become fixed. It was quite conceivable that some weak part of the renal pelvis would yield first and, forming a pouch, would obstruct the ureter, just as a sacculated aneurysm sometimes behaved with regard to the feeding artery. As to the dilatation of the ureter, he thought that position had much to do with it. Even if the obstruction were low down, it did not follow that the ureter would be dilated in its whole course, for many of the sufferers were largely invalided and remained in the recumbent position, and hence the condition of things as to gravity was altered, and the muscular ureter, becoming filled, would not necessarily dilate below but rather above at a weaker point, and where there was a greater accumulation of urine. Retention of fluid within the urinary structures might occur anywhere from the Malpighian bodies to the meatus urinarius. In the upper part of the tract minute renal cysts might be found. Lower down, a congeries of tubes might be blocked, and these, yielding and coalescing, might form a hydronephrosis of vast size. He had met with two special varieties of hydronephrosis: the large thin-walled cyst with scarcely any tissue left, and another class in which in addition to dilatation of the kidney there was a large amount of thickened and hypertrophied cortical substance, the hydronephrosis being subdivided by thick and tough fibrous dissepiments. Such cases required the same kind of removal as did a solid tumour, being first separated posteriorly and then removed through an anterior incision. This especially applied where the individual was "long-ribbed up" and had a small ileo-costal space. In enucleation of hydronephrosis he held that it was essential to go down to the proper capsule of the kidney, but it was better for the finger to enucleate without going inside that structure.—Mr. SUTTON, in reply, said that he had seen some cases which would not have admitted of enucleation from within the capsule, though he thought that this was the better rule to follow.

CLINICAL SOCIETY OF LONDON.

Traumatic Arachnoid Hæmorrhage, with Symptoms on same side as the Lesion.—Disease of the Corpora Quadrigemina.—Syphilitic Tumours of Spinal Cord, with Symptoms simulating Syringomyelia.

AN ordinary meeting of this Society took place on Nov. 10th, the President, Mr. HULKE, in the chair.

Mr. MANSELL MOULLIN read a paper on a case of Traumatic Arachnoid Hæmorrhage, in which the Symptoms occurred on the Same Side as the Lesion. The patient, a stevedore aged forty-three, was admitted into the London Hospital on May 30th in a state of almost complete coma, having received a violent blow on the right side of the head three hours previously. He was not stunned and continued at work until shortly before admission, when he suddenly became faint. On examination the muscles of the right side of the face were found to be paralysed; the right arm and leg were very rigid, and he could not be made to move them. There was no fracture. The next day the coma was less, but the paralysis of the face and limbs was more marked. This continued until the eighth day, when the coma became much deeper, with intervals of delirium. The right-sided paralysis remained the same, the tongue in addition being affected. As the patient was sinking, the left side of the brain was explored over the motor area and found to be uninjured. On the following day the patient died, the temperature rising to 106° F. At the necropsy there was no fracture, nor was there any hæmorrhage between the dura mater and the bone. The arachnoid space on the injured side was filled with a coagulum which covered the surface of the hemisphere, but which could be washed off with a gentle stream of water, leaving the surface of the arachnoid uninjured. The source of the hæmorrhage appeared to be one of the branches of the posterior division of the middle meningeal. The brain was carefully examined on both sides, but no sign of contusion or laceration could be detected. Attention was drawn to the peculiar occurrence of the hæmorrhage, without fracture or aneurysm and without any distinct evidence of atheroma, and to the fact that the symptoms throughout were on the same side as the injury, neither the face nor the body on the opposite side having shown the least sign of motor paralysis.—The PRESIDENT remarked on the interest of the paper to practical surgeons. A good many years ago he had under his care a labourer who was struck a glancing blow over the right side of the head by a falling ladder, inflicting a bruise on the temple. He continued his work for a time, then became dazed, and was taken home. He suffered from headache and difficulty in walking, and ten days later there was well-marked right hemiplegia. He was trephined on the right side over the seat of injury, and on the dura mater being opened much pent-up serum ran out. He added that if he had trephined the patient on physiological grounds he would have missed the collection of serum, which appeared to have been the cause of the trouble.—Mr. J. H. DAUBER recalled a case of right hemiplegia following a penetrating wound of the

right parietal bone which he had seen and treated when on an *estancia* in South America. There was an extensive punctured wound involving the brain, but the patient had nevertheless continued his employment for a month and only desisted when he was too giddy to keep on a horse. The speaker picked out several pieces of bone which were lying on the surface of the brain, but the patient died, and at a partial necropsy he found meningitis and cerebritis, some portions of bone being still embedded in the brain substance. He was unable to examine the opposite side of the brain.—Dr. BEEVOR said that almost all the cases recorded of right hemiplegia associated with lesion of the right side of the brain were traumatic, and hence it could not be certain that the other side of the brain had not been damaged. The only way to prove that the lesion was due to symptoms occurring on the same side would be to meet with a case of small hæmorrhage or distinct unilateral lesion without lesion of the opposite side.—Dr. HALE WHITE regretted that a microscopical examination had not been made of the brain on the opposite side. He had had a case under his care in which the surgeon insisted on trephining on the same side as the paralysis, but nothing was found. At the necropsy a lesion was found on the opposite side.—Mr. MANSELL MOULLIN, in reply, said that he did not examine the other side of the brain microscopically, as he thought that the evidence of extensive clot on the same side as the lesion was sufficient.

Dr. FREDERICK TAYLOR read a paper on a case of Disease of the Corpora Quadrigemina. The subject was a boy aged four, who, four months before admission into the Evelina Hospital, became ill, would not eat, and had drooping of the eyelids. Gradually after this he lost strength. Fourteen days before admission he began to stagger, and incoördination increased as the drooping of the eyelids became worse. On admission he was somewhat drowsy and spoke slowly; his gait was markedly ataxic, the feet being thrown forwards and brought suddenly down, heels first; and on trying to stand he oscillated backwards and forwards. He could not touch the tip of his nose with the tip of his forefinger, nor bring the tips of the fingers of the two hands accurately together. The head and neck oscillated in an antero-posterior direction. There was nearly complete double ophthalmoplegia, including double ptosis, which was more marked on the right side, and paralysis on both sides of the superior, inferior, and internal recti, and, so far as could be judged, of the superior and inferior oblique. There was some lateral nystagmus. The pupils were slightly and unequally dilated and reacted to light. There was no optic neuritis or choroiditis. The child could not see, but no accurate record was made of the powers of vision. A month later he was semi-conscious, swallowing with difficulty, and the arms and legs fell flaccid when lifted from the bed. He became more unconscious, the breathing became Cheyne-Stokes in character, swallowing became difficult and later impossible, and he finally died two months after admission, or six months after the first symptoms. The necropsy showed that the cerebellum was perfectly healthy, but the corpora quadrigemina were flattened, broader, and more extensive than normal, and grey and gelatinous in appearance. There was a similar grey substance showing at the base of the brain between the crura cerebri and invading them in their inner halves. In the right orbit all the muscles supplied by the third nerve were atrophied, and the nerve and its branches could not be found; in the left orbit the nerves and their branches were present, and the muscles were fairly healthy. The minute investigation of the parts was unsatisfactory from failure in the preserving methods; but there was no doubt that the corpora quadrigemina and adjacent parts were changed by new growth, probably of glio-sarcomatous nature. The case illustrated, more or less completely, the formula laid down by Nothnagel for the diagnosis of disease of, or in the neighbourhood of, the corpora quadrigemina. According to him, the diagnostic signs were "an unsteady reeling gait, especially if this appeared as the first symptom," and "ophthalmoplegia existing in both eyes, but not quite symmetrically, nor implicating all the muscles in equal degree." In the present case the corpora quadrigemina were gravely involved, and the cerebellum was perfectly healthy.—Dr. MOTT desired to say a few words on the case from the physiological point of view. Some fibres of the fillet, transmitting impulses from the nuclei of the posterior columns of the cord, were situated between the crusta and the corpora quadrigemina on each side; as the fillet passed probably to the motor area of the brain this would explain the reeling gait. The corpora quadrigemina were connected with the cord by long commisural fibres, which might serve to coördinate movements of the eyes and limbs. The superior cerebellar peduncle might be affected, and as it had a number of fibres on its surface which passed to the vermis, belonging to the ventral portion of the cerebellar tract of the cord, this might account for some of the symptoms.—Dr. BEEVOR had met with a case of cerebellar tumour pressing forwards on the corpora quadrigemina, which was diagnosed as such during life. There were ataxia and vomiting, combined with paralysis of the ocular muscles and loss of the pupil reflex to light; the latter was perhaps explained by the presence of double optic neuritis.—Dr. TAYLOR, in reply, said that there was no extensive disease of the superior cerebellar peduncles. The case went simply to show that there might be ataxy in a child without cerebellar disease.

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Dr. LEWERS believed that complete personal disinfection was quite possible and that it was not at all essential for a man to abstain from midwifery practice because he had examined a case of puerperal fever. He was very sceptical as to bad drains having much to do with puerperal septicæmia.

Dr. A. ROUTH expressed his belief in the importance of sewer air in producing puerperal septicæmia and mentioned some cases which he considered supported that view.

Dr. CULLINGWORTH considered it a very dangerous doctrine to propagate that puerperal septicæmia could be caused by defective drains and sewer emanations. There was no evidence that would bear criticism in favour of such a view, and to preach such a doctrine was to divert attention from the point of real importance, which was personal cleanliness on the part of all around the patient. He agreed with the President as to the unimportance of the time element in ridding a man of infection. If thorough personal disinfection were carried out he did not think abstention from practice was at all necessary.

Dr. FRANCIS TAYLOR asked whether it was to go forth as the dictum of that Society that the presence or absence of sewer air in the bedrooms of parturient women was a matter of little or no consequence? He quoted cases which pointed the other way.

Dr. WALLACE pointed out that some of the cases mentioned that evening supported the thesis indicated by the President that there was no positive proof of the existence of a causal relation between sewer air poisoning and puerperal septicæmia. It was clear that where the pyrexia and other symptoms immediately disappeared after the patients were removed from their insanitary surroundings the cases were suffering from sewer air poisoning and not from puerperal septicæmia.

Dr. BRAXTON HICKS, in reply, said he had mentioned the atmospheric surroundings because, in looking at the causes of puerperal diseases, it was proper to include all things that might act detrimentally to the pregnant and lying-in woman. At present they were ignorant on many of these points, and many of the speakers spoke with more positiveness than our knowledge justified. The terms "sepsis" and "septicæmia" were used, but as a matter of fact they did not know their nature, nor did they know what sewer air was or how many poisons it might contain. What they did know was that it produced detrimental effects on the system; and in a lying-in woman ill-health interfered with the reparation necessary of those parts which were bruised, ecchymosed, and lacerated by labour, and so there might be absorption of unhealthy matter, and that whether any specific agent had been introduced or not.

The meeting then adjourned.

OPHTHALMOLOGICAL SOCIETY.

Benzoyl-pseudo-tropeine as a Local Anæsthetic.—Spontaneous Rupture of Capsule after Iridectomy preliminary to Cataract Extraction. — Extreme Hyphæmia of Both Eyes, with Corneal Abscess of Right Eye occurring as a Sequela of Small-pox.—Specimens.

Mr. T. J. BOKENHAM gave an account of Benzoyl-pseudo-tropeine or tropa-cocaine—a new coca-base extracted from the small-leaved coca plant of Java, and which was identical with the pseudo-tropeine obtained from hyoscyamus. The alkaloid as obtained from the plant had considerable irritating properties when introduced into the eye, but this was not the case when it was obtained by synthesis. The specimen of the synthetically prepared alkaloid, in the form of hydrochlorate, was made into a 3 per cent. solution and tested by Mr. Bokenham. It was found to be most efficient for inducing anæsthesia of the cornea and had the advantage of causing no dilatation of the pupil and none of the ischæmia characteristic of the action of cocaine. There was no disturbance of accommodation following its use. As an anæsthetic to the lid before applying mitigated stick or lapis divinus a 10 per cent. solution had been found as successful as a corresponding strength of cocaine. This had been found sufficient in such operations as strabismus, division of stricture of the lacrymal duct, and opening of Meibomian cysts. Tropa-cocaine had the following advantages as compared with cocaine: it caused no dilatation of the pupil and no disturbance of accommodation, it was much less poisonous than cocaine, and it did not, if swallowed, produce delirium. The vascular condition of the eye was not affected by it, and in the form of a solution it kept better than cocaine.

Mr. J. T. RUDALL (Melbourne) communicated a paper, which was read by the Secretary, on Spontaneous Rupture of the Capsule after Iridectomy preliminary to Cataract Extraction. Five months after an uncomplicated preliminary iridectomy it was found that the cortex of the lens had undergone partial absorption, allowing a clear space between the nucleus, which appeared to be somewhat tilted backwards, and the upper edge of the cornea. It was probable that a limited spontaneous rupture of the capsule had taken place. Fearing that the nucleus of the lens might fall back into the vitreous, Mr. Rudall removed it with a vectis. No vitreous was lost, and the recovery was uncomplicated.

Mr. KENNETH SCOTT (Cairo) communicated through the Secretary a case of Extreme Hyphæmia of Both Eyes with Corneal Abscess of the Right Eye occurring as a sequela of small-pox. Ten months before admission into the Kasr-el-Aini Hospital the patient, a boy aged nine, had been attacked by small-pox, which was immediately followed by loss of vision in both eyes. At the time of admission there was a circumscribed abscess of the centre of the right cornea, the anterior epithelium being intact. There was no pain or lacrymation and only moderate injection. The anterior chambers of both eyes were filled with a dark red-brown mass completely concealing the iris. There was no trace of irritation of the left eye. The tension of both eyes was normal. Vision amounted only to perception of light. After seven weeks' treatment the corneal abscess disappeared, and the upper third of the red-brown mass in both anterior chambers had become of a light buff colour and quite transparent. The patient was kept under observation for three months longer, but the eyes remained in exactly the same condition.

The following living and card specimens were shown:—

Messrs. CRITCHETT and JULER: A Case of Pemphigus of the Conjunctiva.

Mr. CRITCHETT: A Case of Conical Cornea treated by the Galvano-Cautery without Perforation.

Mr. JULER: A Case of Central Colloid Changes in the Retina.

Mr. FREDERICK BASS: A Pocket Refraction Case.

Dr. RAYNER BATTEN: Persistent Hyaloid Artery branching in Vitreous.

Mr. DONALD GUNN: A Case of Syphilitic Conjunctivitis.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society, held on Oct. 19th, Mr. HUTCHINSON, F.R.S., read a paper on Theories of Catarrh and Catarrhal Diseases. The communication was much appreciated by the members present, and a discussion was announced to take place on this subject at an early meeting of the Society. A cordial vote of thanks was conveyed from the Society to Mr. Hutchinson by the President.—At the meeting of the Society held on Nov. 9th the President, Dr. HENRY, gave an address on the Position and Prospects of the Medical Profession. The address was requested by the Society to be published.—Dr. ARTHUR WILSON read a paper on a Case of Adenomatous Overgrowth of the Thyroid Gland, followed by secondary deposits in the bones. The communication was illustrated by naked-eye and microscopic preparations in the Great Northern Hospital Museum. Dr. Wilson referred to a very similar case reported by Dr. Joseph Coats,[1] and suggested that the case under discussion came into the same category. The interest of this case lay in the fact that a growth of the thyroid gland persisting for many years, of a perfectly adenomatous character, was still capable in its late developments of causing metastatic tumours, and that these tumours chose as their seat the spongy portions of bone.—Dr. GALLOWAY spoke of the interest of the specimens, and confirmed the pathological report.—Dr. REMFRY, in the absence of Dr. C. B. STILES, showed a preparation illustrating a case of Extra-uterine Fœtation. Dr. Stiles was called to see the patient about half an hour before her death, which occurred from hæmorrhage into the abdominal cavity. The specimen shows a very perfect example of tubal gestation.—Dr. E. CLIFFORD BEALE brought forward a patient suffering from Right Hemichorea. The movements at first were distinctly limited to the right side, and were followed by paralysis of the extensor muscles of the right hand. The paralysis improved under treatment by arsenic and complete rest; for a time the chorea gained ground owing to the exposure of the patient to severe nervous disturbance, and again improved under the influence of rest. The patient ultimately recovered from the paralysis by treatment of the affected group of muscles with the Faradaic current. — Mr. A. S. MORTON demonstrated a number of cases of ophthalmological interest during the evening.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

The President's Address. — Farus.—Acute Rheumatism.—Narrowing of Mitral Orifice.—Round-celled Sarcoma.—Secondary Glaucoma.

A MEETING of the Pathological Section was held on Nov. 3rd, Dr. J. A. SCOTT, President, in the chair.

[1] Transactions of the Pathological Society, vol. xxxvii.

The PRESIDENT delivered his opening address on the Micro-chemistry of Cells in relation to the Theory of Immunity.

Dr. J. O'CARROLL exhibited a patient suffering from Favus. She had also a large tuft of hair on the sacral or lumbar region, and a peculiar deformity about the left scapula at its superior angle, looking like an exostosis. There was the appearance of a deficiency in the lumbar region suggestive of spina bifida, and it was interesting to know that her sister had a large meningocele in the same region. Dr. O'Carroll thought that the case exhibited would come under the name of spina bifida occulta.

Dr. J. W. MOORE showed the Heart of a police recruit, aged twenty-one, who died on the ninth day of Acute Rheumatism, the axillary temperature rising to 108·6° F. shortly before death, and to 110·0° immediately afterwards. There had been a mitral systolic murmur during life. At the necropsy no trace of pericarditis or of recent endocarditis was found. The heart was hypertrophied, but softened. The aortic valves were healthy, but a large clot adhered to the mitral valve, blocking up its lumen to a very serious extent. This clot probably dated back to a previous attack of rheumatic fever in the spring of 1891. The sequence of pathological phenomena, probably, was an attack of rheumatic endocarditis in 1891, involving the margin of the mitral valve, an escape and consequent perishing of leucocytes, which excited fermentation and caused coagulation of the blood, thus leading to the formation of this clot.—Mr. FRAZER inquired whether there was any possible history of gonorrhœa in the case.—Dr. MOORE, in reply, said that no such history had been forthcoming.

Dr. JAMES LITTLE next exhibited a specimen of a highly marked example of Narrowing of the Mitral Orifice due to atheromatous change. It was taken from a man sixty years of age who had suffered from swollen feet, dyspnœa, and the various signs of mechanical congestion of the venous system. Dr. Little had been unable to time the murmur which was to be heard at the apex, but it was, he thought, occasionally systolic and occasionally presystolic.—The PRESIDENT said the specimen was one well worthy the attention of the members.

Dr. MCWEENEY showed a Round-celled Sarcoma which had been removed on Oct. 10th by Mr. Chance at the Mater Misericordiæ Hospital. The patient was a woman aged about fifty. Six years previously a tumour about the size of a duck's egg had been removed from the front of the tibia, also by Mr. Chance. That growth had been in existence for four years, but no record of its microscopic structure existed. The present tumour was first noticed eleven months ago. It was situated on the inner side a little below the knee, embedded in the subcutaneous fat, and at the time of removal had attained the size of a large orange. The skin over it was thinned and stretched, but not infiltrated. To the naked eye the tumour presented a fleshy, lobulated appearance. A nodule about the size of a walnut was removed at the same time from a point a few inches below the large tumour, with which its structure was identical. The microscopic examination showed that both growths were round-celled sarcomata with distinctly alveolar arrangement. The cells were large, with vesicular nuclei and an abundance of protoplasm, so that they bore a close resemblance to epithelial cells, and the resemblance was increased by their arrangement in oval alveoli, while the stroma could hardly be traced between the individual cells. The nuclei contained granules which exhibited strong affinity for acid aniline stains, and bodies closely resembling the so-called cancer parasites could be seen. Dr. McWeeney also exhibited the Urinary Organs from a case of cystitis with surgical kidneys. They were taken from a man who had had gonorrhœa some twenty years before, and who had suffered from occasional stricture. He was admitted to the hospital because he was unable to pass his urine, and was aspirated twice, but he died on the second day after admission. On making a post-mortem examination the prostate was found to contain a number of abscess cavities and small calculi. Attempts at analysis with strong mineral acids had no effect upon them. The bladder was greatly sacculated, the submucous tissue being converted into abscess cavities. The kidneys presented numerous spots of necrosis, both in the cortex and running parallel with the course of the urinary tubules.

Mr. STORY exhibited sections of an Eye removed from a healthy young man on account of secondary glaucoma. The angle of the anterior chamber was occluded, the pupil dilated, and some pigment adherent to the lens capsule. Thin, dark-coloured blood lay between the retina and choroid, and also in the vitreous cavity. The sections showed blood-clots partly organised on both sides of the retina, and at one place the retinal tissue merged directly into the organised clot.

PROVINCIAL MEDICAL SOCIETIES.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—A meeting of the pathological and clinical section was held on Friday, Oct. 27th, Mr. BENNETT MAY presiding. Dr. E. N. NASON showed a patient twenty-two years of age whom he had trephined three years previously for cerebral abscess, which was localised by focal symptoms to the centre of the left arm and left side of the face and tongue. An abscess was found in the suspected area and drained, with the result of a complete recovery. Some six or eight months later the patient had a series of epileptiform seizures, in each case apparently determined by a too free use of alcoholic stimulants. These attacks were preceded by a sensory aura, consisting of a peculiar taste sensation on the left side of the tongue. They have now however ceased, and the young man seemed to be in perfect health. Dr. Nason also showed a patient who was exhibited a year ago and who had at that time symptoms of increased intra-orbital pressure, probably the result of some new growth. The symptoms had very slowly but steadily increased, and the prominence of the eyeball was now very marked. There was no pain, but vision in the affected eye (right) was only about one-fourth normal vision. There were great tortuosity of the veins and considerable swelling of the disc. The cause was probably a slowly growing sarcoma of the orbit.—Mr. MORRISON showed a lad aged fifteen years on whose right foot he had performed tarsectomy. The boy was born with double congenital clubfoot and when ten months old began a course of upwards of two years' in- and out-patient treatment at a hospital, at the end of which period little or no improvement had been effected, and amputation of the feet was suggested by the surgeon, but declined by the parents. After twelve years, without further treatment, the patient was admitted into the Royal Orthopædic Hospital, Birmingham, in May of the present year. He then presented an extreme condition of symmetrical talipes equinus, the plantar surface of the toes was covered with painful corns, and he could with difficulty hobble about on two sticks. Under chloroform, division of the soft parts subcutaneously and wrenching were tried without success on May 2nd. On June 1st the right foot was submitted to the operation of tarsectomy, and the patient was discharged with the wound healed on July 2nd. The result was eminently successful. The lad had a movable ankle-joint and a perfectly plantigrade foot, on which he could stand and jump without any discomfort. The contrast between the two feet was very striking, and it was proposed to deal with the left one similarly at an early date. Mr. Morrison submitted that this case refuted the strong objections raised in certain quarters against tarsectomy.—Mr. EALES showed a case of complete Right Homonymous Hemianopia with Contraction of the remaining Half-fields. The patient had an acute illness in March, 1893, with severe pain in the neck and occipital regions, a temperature of 103° F., loss of consciousness, lasting three days, but no paralysis. Sight failed in both eyes, but returned in a few weeks, leaving the present permanent hemianopic condition. The contraction of the remaining half-fields was probably functional, as it varied in degree at different times of the day. There was no history of tuberculous disease or of syphilis, but he suffered slightly from "rheumatic" pains. The ophthalmoscopic appearances were normal.—Dr. LESLIE PHILLIPS presented a youth suffering from Lupus, with intercurrent Syphilis. The lupus of the face had been under treatment for some years, with the result that it was reduced to a smooth and satisfactory cicatrix with only a few nodules of lupoid tissue at the margin. At the beginning of October last it was found that he had recently had a chancre, and he presented a general exanthem. The interest of the case consisted in (*a*) the form of the syphilide and (*b*) the effect of the constitutional syphilis on the lupus patch. The syphilide was a small lichnoid one involving the pilo-sebaceous orifices, somewhat resembling a lichen pilaris, but still more suggesting a lichen scrofulosus; also (*c*) on the surface of the scar there had appeared many crusts, most of them at the margin, in the region where the tuberculous tissue was known to be present, but likewise in the

central parts of the patch where previously there had been only a smooth cicatrix.—Dr. FOXWELL showed a Brain with a Glioma the size of a hen's egg occupying the Right Motor Area, but not involving the basal ganglia. Its exact contour was impossible to determine, but its centre occupied the ascending frontal convolution. No abnormality was detected elsewhere within the skull. The patient was a woman aged twenty-six, who sixteen years previously had been knocked down by a hand-cart and received a severe blow on the upper part of the left parietal region. Three years previously she had a fit, beginning as a "cramp" in the left leg. Similar attacks of Jacksonian epilepsy recurred about once a month. In September, 1892, a weakness of the left side was first noted. In February, 1893, the fits became more frequent, the left paresis increased, and the right side then became affected, she being unable to sew or thread her needle. A little later her sight became dim. In May she was admitted to the Queen's Hospital and was then found to have double optic neuritis, double ptosis, double facial paralysis, paresis of all four limbs—though this was much more marked on the left side—no sensory change, and ankle-clonus on both sides, but patellar clonus on the left side only. Dr. Foxwell several times discussed the question of operation with Mr. Marsh; but there did not appear to be sufficient localisation to justify it, especially as the patient improved considerably as to motor power, headache, vomiting, and the fits under rest in bed and twenty-grain doses of bromide and iodide of potassium. Towards the end of September she developed pneumonia and died comatose.—Dr. SIMON showed the Intestines from a case of Enteric Fever.—Mr. MARSH showed the following series of specimens of Mammary Tumours. 1. An Adeno-sarcoma, the size of a large walnut, removed from the left breast of a woman aged thirty-two. She had noticed it for eighteen months, and it was very painful at times and tender on manipulation. The point of interest in the case was that two months after the excision of the tumour she came to the hospital with a similar but smaller growth in the right breast and with distinctly enlarged glands in both axillæ. There was no recurrence in the left breast. 2. An Adeno-sarcoma, the size of a Tangerine orange, removed from the left breast of a girl aged nineteen. She had noticed it for two years. It was painless and had grown slowly until two months before the operation, when it rapidly increased in size. 3. A proliferous cystic Adeno-sarcoma, the size of a large orange, removed with the breast of a woman aged fifty-one. It had been growing for nearly two years and had almost doubled in size in the two months prior to operation. On incising the capsule, some ounces of dark, glairy, tenacious fluid escaped, in which had floated the numerous villous processes coming from the surface of the tumour. 4. A Breast with Multiple Cysts, removed from a woman aged thirty-nine, which, in some of its features had clinically resembled a scirrhous growth. At the time of operation there were one or two enlarged glands in the axilla, which were not removed.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.—At the meeting on Nov. 7th of this Society, Mr. JOHN APPLEYARD, being in the chair, Mr. ALTHORP showed a girl aged fifteen from whose left arm there had been removed a solid Fibrous Tumour growing in the Triceps; eight months later it had recurred, destroying voluntary motion, but not affecting the sensation. The glenoid cavity of the arm and the edge of the scapula had been removed, but the prognosis was very bad. In all cases of tumours of this kind the history of which had been followed the growth had always recurred.—Dr. KERR showed a marked case of Pulmonary Hypertrophic Osteo-arthropathy, and, for comparison, cases of Acromegaly and of Myxœdema. In a youth aged twenty-two it had followed tedious convalescence from pleurisy with effusion; there were now fibroid pneumonia, possibly bronchiectasis, and copious muco-purulent sputa, but no tubercle bacilli could be detected in them.—Dr. RABAGLIATI read notes of a case of Cæsarean Section for Obstruction of Labour by a fibroid as large as a cricket-ball. Both mother and child did well, and although a stout ligature was passed round each Fallopian tube close to the uterus the former was menstruating regularly.—Dr. HONEYBURNE showed some specimens of Cholera Bacilli from recent cases, and said that the easiest method of recognition was to make any stock, soup, or broth alkaline with carbonate of soda, and inoculate it with a small quantity of dejecta, and in twelve hours there would be on the surface an abundant growth of cholera organisms.—At the conclusion of the meeting several specimens were shown: Actinomycosis Hominis was illustrated by Dr. WOOD, thirty-nine inches of bowel having been successfully resected for Sarcoma; Mr. HORROCKS showed Tubercle in Addison's Disease; Dr. MAJOR, Ovarian Cystoma and Fibroids; Dr. RABAGLIATI, a Bladder, sloughing after Retroversion of Gravid Uterus.

EDINBURGH OBSTETRICAL SOCIETY.—On Wednesday the 8th inst. Professor A. R. SIMPSON, the President, delivered his valedictory address. In doing so he gave a list of the members of the Society who had died during the last two years—viz., Drs. James Young, J. Milne Chapman and Jas. H. Aveling, and Mr. Charles Clay. In paying a tribute to the memory of the last-named gentleman—the "father of ovariotomy"—the President related many interesting personal reminiscences in connexion with the introduction of abdominal surgery in Edinburgh.—At the conclusion of the address Dr. FELKIN read a preliminary note on the Administration of Organic Extracts, and although he offered no definite opinion as to their permanent utility, he thought it advisable to publish the results he had hitherto obtained. In order to avoid the doubt which had been thrown upon the hypodermic administration of organic extracts—i.e., that they might act as a "suggestion" to the patient—he had administered them either by the mouth, in the form of tabloids or extracts, or by means of suppositories. He had administered cerebral extracts with success in three cases of epilepsy, in one case verging on delirium tremens, in three cases of inveterate insomnia, in two cases of severe debility and general want of nerve power, in four cases of general neurasthenia, and in one case of long-standing paralysis. He also believed that the administration of either cerebral extract or testicular extract in the form of suppositories would be useful in cases of patients who had had their ovaries removed and who were suffering from either depression or melancholia, as well as in cases of grave hysteria or other nervous conditions in which it might otherwise be thought necessary to remove the ovaries. He thought, too, that the administration of such suppositories might be useful in the disorders which may attend the arrival of puberty or hysterical breakdowns in women from thirty-five to forty-five years of age, and six cases of this kind were detailed in which he had employed the remedy with success.—Dr. N. T. BREWIS then described a case of Vesico-rectal Fistula occurring in a nonipparous woman aged thirty-one years. A sound passed into the bladder could be felt by the finger, introduced into the rectum, to enter a slit in the bowel about a finger's length from the anus. The patient passed nearly all her urine per rectum, at intervals of three or four hours; there was no incontinence. The bladder was small and contracted, and contained at the time of examination a small quantity of urine mixed with fæcal matter. The uterus was retroverted and fixed, lying behind and to the left of a firm tumour, which was apparently situated between the layers of the right broad ligament. Dr. Brewis was of opinion that the fistula had formed through the bursting of an abscess in connexion with the above-mentioned tumour. The direction of the fistula was from the left of the *bas-fond*, past the left side of the cervix, on to the rectum, and was evidently extra-peritoneal throughout its course. No operative treatment was permitted.

MANCHESTER MEDICAL SOCIETY.—At the meeting of this Society on Nov. 1st, Dr. C. E. GLASCOTT, President, being in the chair, Dr. DRESCHFELD showed a patient aged thirty who five years ago began to present the first signs of Acromegaly, which was now very pronounced. The bones of the skull and face were enlarged, especially the lower jaw; the hands and feet showed the characteristic thickening and enlargement, which were manifest also to some extent in the bones of the forearm and clavicles. There was atrophy of both optic discs with complete blindness of one eye and diminished vision, but no hemianopsia of the other. The thyroid could not be felt, but on each side of the neck there was a well-defined tumour dipping into the thorax and apparently connected with a mass there, giving rise to marked dulness on percussion over the upper part of the sternum. The voice was hoarse and thick and the epiglottis was distinctly thickened, but there was no paralysis of the vocal cords. The subjective symptoms consisted in occasional pains in the head and there was also marked sexual weakness. The patient sought admission into hospital in consequence of excessive dyspnœa, which soon yielded to arsenic, and distinct diminution in the size of the tumours of the neck was apparent. The patient was at the present time able to follow his work. The case was of much interest, as it showed the marked enlargement of the lower jaw without any hypertrophy of the tongue. There was no spinal curvature. All the other typical signs of acromegaly

were present. Dr. Dreschfeld discussed the pathology of this peculiar affection upon the evidence of the hitherto published necropsies. Neither the persistence of the thymus gland nor the enlargement of the pituitary body, which must be considered as only one of the symptoms, could be looked upon as the cause of the disease, which appeared to be more of a neuro-trophic nature.—Mr. E. STANMORE BISHOP mentioned a case of Omental Hydatids and showed the patient, together with microscopic preparations of acephalo-cysts, scolices, and hooklets from the tumour. Special attention was drawn to the fact of the extraordinary mobility of the tumour under chloroform as a point in diagnosis between hepatic and omental forms.—Mr. THOMAS JONES mentioned a case of Intra-peritoneal Rupture of the Bladder produced by falling against a wringing-machine while the bladder was full. Laparotomy was performed forty hours afterwards, and the edges of the rent were brought together by twenty-one interrupted silk sutures. Death occurred six days later from exhaustion, the result of persistent diarrhœa. Post-mortem examination showed the seat of the rupture to be securely and perfectly water-tight. There had been no peritonitis of post-operative origin.—Dr. MORITZ showed and demonstrated the advantages of a Self-retaining Laryngoscope, suitable for cases needing operative interference.

NEWCASTLE-ON-TYNE CLINICAL SOCIETY.—At a meeting of this Society on Nov. 2nd, Mr. WALTER GALLOWAY in the chair, Dr. PURDIE showed: (1) a case of Athetosis in a girl aged sixteen years, who had had an attack of hemiplegia at the age of eleven; (2) a case of Spasmodic Spinal Paralysis in a child three years of age; and (3) a case of Pseudo-hypertrophic Paralysis in a child three years old.—Mr. WALTER RIDLEY showed: (1) a boy eighteen months old upon whom he had performed a Radical Cure of a Left Congenital Inguinal Hernia. The lowest part of the sac was left to form a tunica vaginalis testis. He also showed a man from whom he had eight years ago removed the Right Astragalus for Compound Dislocation. The right foot is now as useful as that on the left side.—Dr. WM. ROBERTSON exhibited a case in which he had treated Enlarged Glands in the Neck by injections of chloride of zinc.—Mr. RUTHERFORD MORISON showed two cases of Syphilis; Dr. LYON SMITH a girl aged sixteen years with Lupus Non-exedens of the outer and back part of the thigh; and Dr. JAMES SMITH four cases of Graves' Disease.—After Dr. H. BRAMWELL had read notes and shown diagrams of a case of Recto-vaginal Fistula, upon which he had operated by a new and very successful method, Dr. COLEY showed photographs of two cases of Pseudo-hypertrophic Paralysis occurring in the boys of a family of six children—three boys and three girls; two of the girls also had well-marked symptoms of the same disease.—Finally, Mr. RICHARDSON exhibited a Calculus removed from the Right Submaxillary Duct of a woman aged forty years, at a point half an inch from the outlet.

OLDHAM MEDICAL SOCIETY.—On Oct. 24th a discussion on the subject of Notification of Phthisis was opened by Mr. FAWSITT, President of the Society, at a very full meeting. Several members took part in the discussion, and at the close of the meeting the subject was adjourned to another meeting which was held on Nov. 7th. A number of speakers having expressed their views on the question, it was understood that the objects of notification would be: 1. The sanitary authority would disinfect the room occupied by the tuberculous patient, as might be required. 2. Inasmuch as the transmission of tuberculosis is in a large proportion of cases determined by the presence of insanitary conditions, such as damp, overcrowding, deficiency of light, and so forth, an opportunity would be afforded to the authority of removing such conditions and so saving other members of the household. 3. Further evidence would be collected bearing on the modes and conditions of transmission of the disease. 4. The personal hygiene of the patient would in no way come under the care of the sanitary authority; it was hoped, however, that the medical attendant would confer with the medical officer of health, when convenient, as to the precise means by which tuberculous discharges might be most usefully destroyed. At the same time the sanitary department would in no way interfere with the treatment of the patient, and all instructions in dealing with discharges from the patient would come from the medical attendant. 5. Only such cases would be reported as were taking place from the lungs, cases with tuberculous diarrhœa, and cases with copious discharge from tuberculous bones and tuberculous ulcers. These and other matters having been fully discussed, the following resolution was carried unanimously: "That the Society, having had its attention drawn to the infection of tuberculous diseases and to the great mortality and injury to the population arising therefrom, is of opinion that these diseases should be the subject of voluntary notification to the sanitary authority." It was understood that a copy of the resolution would be sent to the sanitary committee of Oldham, as well as to the medical journals.

PLYMOUTH MEDICAL SOCIETY.—A clinical evening meeting of this Society was held in the library on Nov. 8th, Mr. MARCUS BULTEEL occupying the chair.—Mr. LUCY showed a patient aged fifty-two, in whom the head of the left humerus had been excised three months previously for the relief of pain, fixity, and paralysis of the musculo-spiral nerve. Three months before his admission to hospital the left shoulder was dislocated on board ship and remained unreduced. On coming under notice the arm was found to be fixed to the side, the head of the humerus was jammed fast against the coracoid process, and there were wasting, marked wrist-drop, and swelling of the arm. On attempting reduction the surgical neck was fractured. With great difficulty the head of the humerus was excised by the vertical incision. The wound had now healed, the movement was good, and the patient could feed himself. Under galvanism and massage the forearm was rapidly recovering. Mr. Lucy also exhibited a man aged twenty-one who seven weeks previously fell on broken glass and divided the flexor profundus tendon going to the left middle finger. A fortnight later the finger was found to be flail-like and extended. An incision was made in the palm, and the divided ends were found—the distal being bulbous, and the proximal wasted and gelatinous. The ends were re-freshed and united with two chromic gutsutures. The palmar wound ran an aseptic course and complete power of flexion was recovered.—Mr. RUSSEL RENDLE demonstrated the result of a Mules' operation performed sixteen days previously for destructive syphilitic kerato-iritis of the right eye. A silver-gilt globe was inserted, and the movements of the stump were excellent. Mr. Rendle also showed a day labourer aged thirty-five with myopia and nyctalopia, which were worst in the left eye, the latter, in addition to marked peripheric retinitis pigmentosa, showing signs of optic atrophy. With antisyphilitic treatment and suitable concave glasses some improvement was gained.—Mr. LUCY also showed a youth aged eighteen who had been invalided from the navy nearly two years ago for double empyema following influenza. The right side was incised and healed in three months. The left side was incised four months after the onset of empyema, which at first discharged through the lung; a portion of rib was removed, but the sinus continued to drain for nine months and admitted a probe five inches upwards and forwards. Seven months ago Mr. Lucy removed portions of the eighth, ninth, and tenth left ribs, excised the pleura, which was over an inch thick, and found that the cavity ran up beneath the scapular angle. The wound healed two months ago, and now there was good expansion of the side, respiratory sounds could be heard down to the ninth rib posteriorly, and the patient had gained flesh. Mr. Lucy also exhibited a slide of fluid removed from an encysted hydrocele of the left epididymis of a carpenter aged fifty-three who had noticed the swelling for two years and a half. The spermatozoa in the fluid were still tailed, but dead.—Mr. HARLEY GOUGH raised the question of diagnosis between scarlet fever and influenza, more especially as regarded desquamation.

THE MEDICAL OFFICERSHIP OF INVERKEITHING.—On the 10th inst. Mr. Menzies, a member of the town council of the above place, was re-elected medical officer of the burgh, and in connexion with the appointment a question was raised as to the propriety of a member of the council holding the medical post, notwithstanding that Mr. Menzies had offered to resign the emoluments attached to it. In the end the question was held over for further consideration.

PLUMBERS AND THEIR WORK.—Last week, at the Waterloo Rooms, Glasgow, Professor M'Kendrick gave a lecture before a large number of members of the plumbing trade. The subject of the address was entitled "The House we Live in: a Physiological Sketch for Plumbers." In treating his theme he described the mechanism of the human body and its chief functions and drew a parallel between the work carried on in the organism and the sanitary arrangements provided for the maintenance of a household in health and efficiency. The lecture was well received by an appreciative audience.

Reviews and Notices of Books.

Beri-beri: Researches concerning its Nature and Cause and the Means of its Arrest. By C. A. PEKELHARING and C. WINKLER. Translated by JAMES CANTLIE, M.A., M.B., F.R.C.S. Edinburgh and London: Young J. Pentland.

WE are glad to welcome Mr. Cantlie's translation of Pekelharing's and Winkler's researches. They were made by order of the Netherlands Government on account of the ravages caused by the disease in the ranks of the army and in the navy in the neighbourhood of Atjeh—a district lying to the north-west in the island of Sumatra. The frequent occurrence of cases of the disease in the out-patient department of the Alice Memorial Hospital, Hong Kong, led Mr. Cantlie to study the literature of the subject, and we have now to congratulate him on presenting the profession with the standard scientific work on the disease in the language which scientifically prevails in the countries where beri-beri is most widely met with.

Among British observers few have contributed anything to the literature of the disease beyond recording cases. Lately, however, Surgeon-Captain T. W. Leslie of the Indian Medical Service produced a valuable brochure on the disease; Surgeon-Major G. M. J. Giles of the same service has also been dealing with the subject by the methods of recent investigation, and he has contributed many details and observations; and Dr. A. J. M. Bentley, medical adviser to the Johore Government, has published a thesis on the disease which he submitted for the M.D. degree of the Edinburgh University, mainly valuable for its clinical studies.

The translation by Mr. Cantlie is divided into three books. The first deals with clinical observations, the second with the pathological anatomy, and the third book with the researches as to the cause of the disease. In the clinical portion it is demonstrated that beri-beri does not, as Wernich supposed, depend on anæmia, and that the initial phase of the disease can only be diagnosed by electricity. By this means variations can be shown to exist when even the patient himself scarcely feels indisposed and frequently long before he finds any difficulty in walking or shows any œdema. This initial phase is characterised by quantitative alterations, consisting of a diminution of irritability generally, for the two kinds of currents; very often also there is to be made out some qualitative modification of the electrical reactions of the dorsal muscles of the foot. This phase, which is further characterised by an augmentation of the diameter of the tactile zones at a fixed spot in the leg, has not been observed by any previous authors.

Pekelharing and Winkler affirm that beri-beri is a perfectly chronic disease, and that the so-called acute cases are really exacerbations of a chronic condition, which may, however, for the first time attract the patient's attention to his state. In all these so-called acute cases they consider that earlier observation and attention to the initial symptoms (most prominent amongst which, and not only of primary importance, but first in point of time, are the electrical modifications in the nerves and muscles of the leg) would have revealed the chronicity. This statement concerning beri-beri is directly opposed to the views of Dr. Bentley, who describes two acute forms—the "dropsical" and the "pernicious,"—and to those of many Indian observers. We, however, require further information about the so-called East Indian beri-beri. During the years 1877, 1878, 1879, and 1880 Dr. Kenneth M'Leod witnessed an invasion of the town of Calcutta by an epidemic dropsy which was by many medical men classed as beri-beri. During the time that this epidemic lasted no one was able to adduce any evidence, traditional or written, that anything similar had ever occurred in Bengal. We are much inclined to agree with Dr. M'Leod in thinking that this epidemic dropsy was only one of several diseases which have been classed under this heading; and we believe that it was not the true beri-beri which Pekelharing and Winkler have so minutely studied. It may be remarked that neither Drs. Bentley and McLeod nor other observers in Calcutta studied the qualitative and quantitative alterations which can be shown to exist in the electrical reactions, and by which the beri-beri described in Mr. Cantlie's translation can be readily diagnosed in the first stage. We think it is probable that further electrical observations will do much towards the differentiation of the diseases which we believe are now grouped under this name.

The anatomical examinations made by Pekelharing and Winkler are in perfect accord with the inference drawn from clinical observations, that beri-beri is a multiple neuritis, an extreme and very extended affection of the peripheral nerves predominating. Their observations seem to authorise them to admit that the disease is caused by a micrococcus which exists in the places where the disease prevails, and which can penetrate into the human body. It seems to be probable that this micro-organism enters by the organs of respiration, and that from them it passes into the circulation. Future observers will have to, in our opinion, make researches on a large scale in this direction before we shall be able to obtain precise ideas as to the etiology and pathology of the disease. The writers state that their researches lead them to hope that disinfection can not only restrict beri-beri within the narrowest limits in places where the soil contributes to the propagation of the cause of the disease, but that it can also make it to completely disappear when it is confined to a few buildings.

The fact that bacteria are no longer met with in the blood of patients suffering from beri-beri a few weeks after they have left the place where the disease prevails at once suggests the line of treatment in the early days of the disease.

The book is well illustrated by eight coloured plates from original drawings and it is thoroughly indexed. Surgeon-Captain Wilfrid Webb of the Bengal Army has seen the work through the press.

Notizie e Considerazioni sul Servizio Sanitario dell' Esercito Inglese. (*Notes and Observations on the Sanitary Service of the English Army.*) Per Dottore LUIGI WESTENRA SAMBON. Roma: 1892.

ACCORDING to a recent report drawn up by Dr. Michele Pietravalle, "medico provinciale" of Turin, Italian military hygiene is by no means in so advanced a state of efficiency as the "combatant" arm of the service. The occasion of that report was the outbreak of a virulent epidemic of measles in the garrison of Turin and its province—an outbreak which found the barracks and military hospitals quite unprepared for it, as, indeed, for any similar visitation, "the means of general disinfection being either defective or not put in practice," and this, among other instances of sanitary remissness, coinciding most culpably with the arrival of a "new contingent of conscripts predisposed to infection." In truth, according to Dr. Pietravalle, the death-rate in the Italian army ranks among the very highest in the statistics of European medico-military reports, and he adds: "it is the duty of the sanitary authorities to bring their observations and counsels before the War Office, in order that the life of the soldier may be cared for and safeguarded, as is done with such admirable results in France and Germany."

Without waiting for Dr. Pietravalle's recommendation, the author of the "Notizie e Considerazioni" under review had already undertaken to enlighten his brother officers, and through them the War Office, upon the medico-military hygiene adopted in Great Britain and Ireland, as furnishing precedents and examples which the Italian authorities might

consider with profit. Dr. Sambon's presence in these islands the year before last gave him ample opportunities for studying that system, and of these he availed himself with the knowledge, the intelligence, and the energy which have so approved themselves to his superiors at the Ministry of War and at the Home Office. The results he embodied in a lecture delivered in the great military hospital of Caserta, before a distinguished audience of army surgeons and colleagues, and an official report of the same, carefully revised and supplemented, forms the bulk of the publication before us.

We need not examine in detail a survey of the sanitary services in our army—a survey, moreover, which professes not to criticise, but to describe. It is a minute and highly appreciative study, first of the "personale sanitario," including the medical officers and soldiers of the Medical Staff Corps, with observations on their uniform and on the instructions they receive. Next, the medical service in time of war is passed in review, starting from the medical officers with corps and going on to the "portaferiti" (carriers of the wounded), the "sezione di sanità," the "distaccamento dei portaferiti" (detachment of the carriers of the wounded), the "stazione di riunione," the "posto di medicatura divisionale," the ambulance for cavalry, the field hospitals, the new fire-arms, and the reforms effected in the "servizio di sanità" during war. Under the third and last head the survey takes cognisance of the sanitary war material and the means of transport and accommodation of the wounded. Dr. Sambon's description of the arrangements, thus classified, though of course conveying nothing new to readers of THE LANCET, has the merit of presenting a lucid and appreciative account of the *modus operandi* as exemplified in the British army, and may be read with profit for the contrasts it affords with other, particularly Italian, systems.

Manual of the Diseases peculiar to Women. By JAMES OLIVER, M.D., F.R.S. Edin., M.R.C.P. Lond., &c. London: J. & A. Churchill. 1893.

OUR readers will probably be able to form an idea of the scope of this little book when we tell them that according to the preface "it is founded upon carefully observed facts, and that as little superfluous matter as possible has been introduced." The general practitioner desirous of performing any operations for himself will meet with no encouragement from Dr. Oliver, for he says that "the details of operations have been purposely omitted, as the manual is intended more especially to meet the requirements of the general practitioner in his everyday work." Another peculiarity which is somewhat unusual in books on the subject of which this little manual treats is that there are no illustrations. Naturally those to whom the subject is familiar could form a more or less correct impression of the author's meaning without the aid of diagrams; but how those requiring instruction in the elements of gynæcology can be expected to learn without the assistance afforded by accurate figures we are unable to say. In this respect, at all events, the opinion of the majority of writers is against the course which Dr. Oliver has taken, though we quite recognise that the majority is not always right. After what has been said of the omission of all superfluous matter we may be allowed to express some curiosity as to where the line has been drawn, when we read the following truisms: "The one sex can and does exist without the other; each is endowed with all the qualifications requisite for a life of independence" (this is perhaps hardly true in all cases). "In order, however, that the race may not become extinct, coalition of two individuals of different sex is necessary." "From the time of birth till the time of death, be the existence longer or shorter, the careful observer will recognise a multitude of mental as well as physical qualities which serve to distinguish he one sex from the other"; and "the girl evinces a strong domestic tendency, but the boy has little or no sympathy with such an apparently inactive life." "Female beauty, says Jeffrey, is explained by being two signs of two sets of qualities: the first, youth and health; the second, innocence, gaiety, sensibility, intelligence, delicacy, or vivacity"; and "the clavicle in the male is less straight, and is thereby more stable than in the female." "Stratagem is one of the strongest instincts displayed by woman." "A woman, said a philosopher, lives to be beloved by all." All this, no doubt, has a certain interest, but we should say that it has very little to do with the wants of the general practitioner in his every-day work. While much space is thus devoted to irrelevant matter, the chapter on methods of diagnosis actually consists of less than two pages. We are glad to see that the author is not an advocate of the frequent use of the uterine sound; still, it has its uses as well as its dangers, and it is certainly not an instrument that can be completely laid aside. Rapid dilatation by means of Hegar's dilators is recommended as the best means of dilating the cervix. In a certain class of cases we quite recognise the value of the rapid method; in cases where, for instance, dilatation is required at no long period after a confinement or miscarriage it answers admirably. But where a degree of dilatation necessary to admit the finger is wished for, and the cervix is in its normal state of patency and rigidity, dilatation by means of Hegar's dilators to the degree mentioned usually involves more or less laceration, and for such cases tents should certainly be employed—in the first instance, at all events. We cannot find any mention of dilatation by tents; indeed, there are no words in the index under the letter T. It is satisfactory to see that in the author's opinion there is no evidence to show that flexions and versions interfere with the escape of menstrual blood; but what is meant by the "erect position of the uterus," a phrase that occurs several times? The want of diagrams is apparent here as elsewhere, for without a diagram to illustrate the normal position of the uterus much of what is said about versions and flexions would be unintelligible—at all events, to a beginner.

On Diseases of the Lungs and Pleuræ, including Consumption. By R. DOUGLAS POWELL, M.D., F.R.C.P. Lond. Fourth edition. London: H. K. Lewis. 1893.

THE appearance of a new edition of a monograph of established reputation is invariably a matter of interest, since it marks the progress of knowledge in the department of science with which it deals and indicates the changes which increased experience may have caused in the standpoint of the author since he last wrote on the subject. This is eminently the case with the work before us. Dr. Powell has submitted it to ample and careful revision and has not hesitated to modify previously expressed views where they seem to require it in the light of present research. Such changes, however, have not been lightly made, and in many points the author has shown commendable restraint and has maintained a thoroughly judicious attitude towards subjects which are not essential and are likely to be ephemeral. The book is one which from its character and the repute of its author is deservedly esteemed. It has grown from a volume of much more limited scope so as to embrace the whole region of pulmonary and pleural disease.

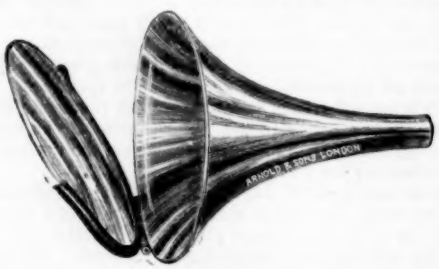
Commencing with a chapter on the anatomy and physiology of the lungs, the author next proceeds to give a succinct account of the methods of physical examination and also of the microscopical examination of the sputa. The introduction of these chapters, containing much that is valuable, gives a completeness to the work, and renders it of value to students as well as to practitioners who may wish to be reminded of the importance and significance of methods on the correct use of which so much depends. We note with pleasure that Dr. Powell adopts the sensible

system of nomenclature in regard to physical signs which he, in conjunction with the late Dr. Austin Flint and Dr. Mahomed, drew up at the request of the International Congress in 1881. It would conduce to progress if this scheme were universally adopted. The chapters devoted to pleurisy are among the most instructive of the book; in particular we may point to the description of the signs of pleuritic effusion and the very detailed directions concerning its appropriate treatment. Dr. Powell does well to draw attention to the fact that the really essential signs of effusion are comparatively scanty in number, and he rightly lays stress upon the value of displacement of the heart in this respect. We fail, however, to find any reference to the percussion sign to which Traube first drew attention in cases of left-sided effusion—viz., the encroachment of dulness over the "semilunar space" of gastric resonance, which is bounded by the hepatic, cardiac, and pulmonary areas. Indeed, Dr. Powell implicitly dismisses this sign except in cases of large effusion, since he points out that the diaphragm is not early depressed in these cases; and his diagram on page 98 shows no downward extension of the lower limit of anterior dulness. The chapters on bronchitis, emphysema, asthma, and pneumonia call for no comment. They are judicious and exact; indeed, there is throughout the book a nicely levelled proportion in the extent to which the subjects are discussed. Such rare conditions as hydatid of the lung, dermoid cyst, and actinomycosis are included within the author's scope, each being illustrated by careful clinical notes of cases which have come under his personal observation. The subject of pulmonary phthisis is discussed with a fulness to be expected of one who has had so much experience in this class of disease, and many valuable hints are to be gathered from these pages in respect to treatment, climatic and other. Respecting etiology, he speaks guardedly upon the vexed question of contagion, while fully admitting the importance of the bacillary doctrine. We note that Dr. Powell has revised his former classification of the types of phthisis, but we could wish that he had found a more appropriate term than "chronic catarrhal tuberculosis" to denote the variety formerly described as "catarrhal phthisis." In conclusion, we welcome the publication of this new edition of a book that represents the outcome of long experience and careful clinical study.

New Inventions.

A MAGNIFYING AURAL SPECULUM.

ALL aural surgeons are familiar with the construction and uses of Siegle's speculum. Its value in affording a magnified view of the membrane and the detection of adhesions, rigidity



of the ossicles, and readily yielding portions of the membrane through the action of the pneumatic tube are well known.

For a long time, with the ordinary silver tubular speculum, I have been in the habit of combining different lenses from my trial lens-case in order to obtain a ready magnified view of the membrane, the light being thrown with the ordinary aural or laryngoscopic mirror. With very little practice a splendid view of all portions of the membrane is thus easily obtained.

It was not until quite recently that the thought struck me that such a set of lenses might be combined with a properly shaped tubular speculum. This I have had done by attaching a light clip to the rim of the speculum, into which fit three lenses—× 12, 14, and 16 dioptrics. The lenses can thus be instantly changed. For children all that is required is a speculum with the tubular end reduced in calibre. These specula are made for me by Messrs. Arnold at Smithfield.

H. MACNAUGHTON-JONES, M.D., M.Ch., F.R.C.S.I. & Edin.

CLAMP FORCEPS FOR ABDOMINAL OPERATIONS.

MR. A. LANE having described in THE LANCET of Sept. 30th an ingenious clamp for occluding the intestine in abdominal operations, Messrs. Mayer & Meltzer have asked me to draw attention to a clamp forceps which they have taken the trouble to make for me, and which has a more extended application in abdominal operations. These forceps have curved flat blades with a parallel grip, and they are made of various sizes; they can be applied to the stomach, gall-bladder, cæcum, intestine, or to any cyst wall. Their purpose is to occlude the cavity on the convex side of the clamp and to isolate the part included within the blades during the application of sutures, whether it is for closing a wound or for attaching the part to the abdominal wall. The blades can be sheathed with rubber tubing or used naked. In applying the clamp to distended intestines or a distended gall-bladder or cyst, it is best to use a trocar first, so as to relieve the tension, and then to apply the forceps, including the trocar puncture and well behind it, the blades being closed. The included parts can be dealt with as the circumstances of the case demand. In cases where it is desirable to form an attachment to the abdominal wall the included parts should be laid open and cleansed; the blades of the forceps can then be sunk in the abdominal cavity, the handles coming out at one angle of the wound.

In this position sutures can be applied and secured to the whole circumference of the wound except at the angle where the clamp protrudes; at this point a suture or sutures should be introduced, which should be tied up as the clamp is withdrawn.

Stratford-place, W. T. SMITH, F.R.C.S. Eng.

FREEMASONRY.—On the 8th inst. Dr. W. Wynn Westcott was installed as Master of the Quatuor Coronati Lodge, in succession to Professor T. Hayter Lewis, whose year of office had expired. The new wardens are the Rev. C. P. Ball and Mr. Edward Macbean, and Mr. Walter Besant continues as the treasurer. The lodge was established on a literary and artistic basis, and among the medical members of its inner circle, besides the new master, are Sir B. W. Richardson and Dr. Belgrave Ninnis (Deputy-Inspector-General, R.N.). There is also an outer, or correspondence, circle, consisting of subscribers to the Transactions and other publications of the lodge. This literary society already numbers between 1600 and 1700 members, about 150 of whom are medical practitioners.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 18, 1893.

THE cathedrals of England have not been too freely open to members of the medical profession. LINACRE, we believe, is buried in St. Paul's Cathedral, where also there is a fine monument to BABINGTON. MATTHEW BAILLIE, JOHN HUNTER, and others are buried in Westminster. There are monuments to FREIND, WILLIS, and others in Westminster Abbey. JENNER has a monument in the cathedral of Gloucester. But for the most part the medical profession has been little honoured in this particular manner. The funeral of Sir ANDREW CLARK on Saturday was an exception; it was, indeed, an event for which we imagine there is no precedent. The scene in the Abbey and the service were imposing in the highest degree and could not have been more so for a great warrior or a great statesman. The presence of Mr. GLADSTONE and Mr. HUXLEY was a great tribute to the physician, to whom they both have been indebted for valuable guidance; but the eloquence of the scene was in the great multitude which thronged the Abbey and which lined the streets of London as the procession passed from Westminster to King's-cross. Not less striking was the last scene in the pretty little churchyard at Essendon, where, in the light of the setting sun, under the branches of a cedar tree, and surrounded by colleagues whom he had loved and with whom he had coöperated in conducting the affairs of the Royal College of Physicians, including Sir HENRY PITMAN, the great physician was laid to rest.

In the Valhalla of the English race—the old Abbey so rich in the memories we cherish most—the funeral service was read last Saturday over his mortal remains. To the least imaginative the accessories of that ceremony were such as to arouse the noblest emotions. Amid the soft cadences of a music which far transcended the most eloquent speech, and surrounded by beauties of architecture which enshrine the highest symbol of self-sacrifice—the Cross of Christ—the remains of the official head of a profession whose highest aim is the relief of human suffering received the respectful homages which a life of persistent benevolence deserved. Apart, however, from the mournful satisfaction with which we regard the personal tribute paid to the memory of the late President of the Royal College of Physicians, it speaks well for our age that such respect has been rendered to a representative of the medical profession. The poet—in prose and in verse, the statesman, the soldier, the divine, the scholar, and the judge have had a like homage justly paid to them; but it is a sign of the times that the man of science is beginning to bulk more largely in the public eye and to impress the lesson that "peace has its victories as well as war." The broad Christian spirit which prompted the ceremony in honour of DARWIN has again found expression in the respect rendered to another truth-seeker in the domain of natural science. There can be but one emotion regarding the physician. The soldier, who earns our gratitude by the defence of our hearths and homes, does so by vanquishing others; the interpreter of our laws, who maintains the ideal and practice of justice, is a "terror to evildoers," who are nevertheless men; but the physician's *rôle* is one of unalloyed beneficence and involves injury neither to the worthy nor the unworthy. The true physician can have no enemy. Around the person of a worthy member of such a calling all mankind—native and foreign, good, bad, and indifferent—may meet and breathe for a moment the sense of that universal peace and brotherhood which must at times be the aspiration of every member of our race. It is in this sense that we regard as an important event the impressive ceremony of last week; for, if the nation thus does honour to the healer dead, it needs must follow that the healer living and working should be equally entitled to the respect and confidence of his fellow-citizens.

The occasion will be historical in the profession and will never be forgotten by those who witnessed it. It presses upon us more than ever the inquiry what was there in our departed colleague that excited such wide interest and affection? And the reply is that it came of the enthusiasm of his nature for his art and of his high conception of the calling of the physician. The homage rendered to Sir ANDREW CLARK, and through him to his profession, preaches the old and unalterable truth that if we all but be true to ourselves in our own stations, however comparatively humble, as he was to himself, we shall as a body gain that respect which ought to be freely accorded to an essentially unselfish calling. The event of Saturday concurs with many other facts to show that the appreciation of the medical profession is increasing, and it must be the anxious care of those who survive Sir ANDREW CLARK, and especially of his colleagues in the Royal College of Physicians, to continue in his footsteps and to maintain the honour and the claims of medicine as an art of the very highest importance to mankind.

We are convinced that, could the single-minded and kindly man who has entered into his rest direct our thoughts on this occasion, he would prefer that the interests of the profession he so assiduously watched over should be emphasised rather than that we should seek consolation exclusively in personal eulogy of the departed. It is the glory of important actors in the world's affairs to be merged in the causes they have at heart. Such men cease to be personalities and become forces. Nor is our opinion based merely upon deductions from his career, but we have the positive evidence of his own utterances. In a thoughtful and eloquent inaugural address, delivered at the London Hospital in 1876 by Dr. ANDREW CLARK before his subsequent and well-merited honours began to shower upon him, he drew in powerful outline the conditions which the majority of those worthy of entering our ranks have to face. Speaking to those commencing their career he remarked: "The profession which you have chosen is one of the noblest, the most important, and the most interesting of all those occupations to which the highest human endeavours are turned; but it is also the most self-denying and the most arduous. Exacting the largest internal sacrifices, it returns the fewest external rewards. Neither wealth nor rank waits upon its longest or its best services;

and he who is not prepared to find in its cultivation and in its exercise his chief and sufficient recompense has mistaken his calling and should retrace his steps." He went on to speak of the inadequate influence of such a profession in the State, and of the popular prejudices against the methods by which alone we can wrest the secrets of nature for the service of man, and he pointed in memorable words to the means by which also alone we can overcome such impediments to our recognition and progress. "All these and many other drawbacks," he said, "we must continue for the present to endure. Nor have I any hope of their removal until the profession becomes more loyal to itself and more active in the assertion of its just rights—until every member of it feels, and acts as if he felt, that upon his own efforts as much as upon the efforts of any other person the future position of medicine will depend. When we are sufficiently represented in Parliament and upon the Privy Council, and when we have a Minister of Health who shall be also a member of the Cabinet, we shall probably take our just place beside the other professions in Society and in the State."

It is gratifying to reflect that one who thought so nobly and who acted so worthily lived to experience in his own person and in the progressive influence of his profession some evidence of our attainment in the future of the ideal which he cherished and to which he gave such powerful utterance. The world is moved by lives more than by writings, and he, though dead, yet speaketh by his example and by the record of strenuous effort in well-doing. He thus died in hope—hope for the increasing influence of his profession, which he regarded as being a powerful instrument in the promotion of the best interests of our race. "In medicine," which he termed the "metropolis of the kingdom of knowledge"—he remarked, "we are brought face to face with the mysteries of nature, of life, and of man, and of the Eternal which enfolds them." He died, too, in a hope which this is not the place to formulate, but to which his distinguished friend and patient, the late Poet Laureate, gave a refined and rational utterance when he sang—

> "Thou wilt not leave us in the dust,
> Thou madest man, he knows not why;
> He thinks he was not made to die;
> And thou hast made him: thou art just.
>
> . . . . . .
>
> "Our little systems have their day,
> They have their day and cease to be;
> They are but broken lights of thee,
> And thou, O Lord, art more than they."

AT the last meeting of the Obstetrical Society of London a short paper was read by Dr. BRAXTON HICKS, entitled "Further Contributions to the Clinical Knowledge of Puerperal Diseases," which gave rise to a very interesting discussion. As everyone knows, it has been, and to some extent still is, the rule that if a practitioner should be in attendance on a patient suffering from puerperal fever he ought not to attend other cases of midwifery until such attendance has ceased for some time—that is, after either the death or the convalescence of the patient, as the case may be. The question as to whether or not this rule is a good one in the light of our present knowledge, although not strictly the subject of the paper, was nevertheless the principal point touched on in the debate. A reference to the text-books on midwifery in common use shows that some confusion and even contradiction are to be met with in the advice given as regards what is a practitioner's duty in the circumstances under consideration. Thus, in the last edition of Dr. PLAYFAIR'S "Midwifery," the writer says: "I can scarcely conceive any case in which the risk of infection cannot be prevented by proper care." Yet, on the same page the following passage occurs: "When, however, a practitioner is in actual and constant attendance on a case of puerperal septicæmia, when he is visiting his patient many times a day, especially if he be himself washing out the uterus with antiseptic lotions, it is certain that he cannot deliver other patients with safety, and he should secure the assistance of a brother practitioner, although there seems no reason why he should not visit women already confined in whom he has not to make vaginal examinations." The same note of uncertainty appears in Dr. GALABIN'S "Manual," for while we are told that "when a case of puerperal pyrexia is likely to be especially contagious it is desirable that the attendant should give up midwifery practice for a time," a little further on we find: "my own belief is that antiseptic precautions, carried out as described above, are an adequate security." There is obviously much vagueness as to what is meant by giving up midwifery practice "for a time." How are we to interpret the words "for a time"? For what period must practice be given up—for a few days, a week, a month, or for how long? And, again, what evidence is there to show that the mere lapse of time can be trusted to rid a man of the poison of puerperal septicæmia when he has once become contaminated with it? We should say that there is little or no evidence of the kind; while, on the other hand, there are numerous instances where practice has been given up for a considerable time, and yet where puerperal fever has broken out again as soon as practice was resumed. A typical case is given in Dr. LEISHMAN'S "Midwifery" as having been related by Dr. TYLER SMITH. "Two medical men, brothers and partners, attended in the space of five months twenty cases of midwifery. Of these, fourteen were affected with puerperal fever, a fatal result ensuing in eight cases. The only other known death from puerperal fever in the same town, within the period named, occurred in the case of a patient attended by a medical man who had assisted at the post-mortem examination of one of these puerperal patients. After this disastrous period the two brothers relinquished all their midwifery engagements for one month, in which time five of their cases were attended by other practitioners, and no instance of fever occurred in the course of that month. They then returned, and several fatal cases again happened." No better instance could be given of the futility of trusting to the mere lapse of time for the purpose of disinfection. It is not to time that we must trust, but to the systematic use of antiseptics as a matter of routine in every case attended. It must be a source of satisfaction to all engaged in the practice of midwifery to find that the large majority of those who spoke in the debate at the meeting of the Obstetrical Society of London alluded to above were of opinion that adequate personal disinfection is quite possible, and that for a man who thoroughly understands and practises strict antiseptic methods it is not necessary to refrain from attending a case of labour, even

when he has recently examined a patient suffering from puerperal fever, or from some other disorder capable of communicating it. We may briefly refer to a few facts which seem to prove this conclusively. It is well known that the foul discharges from a case of advanced cancer of the uterus are capable of producing a very fatal form of puerperal septicæmia if introduced into the genitals of a lying-in woman by the examining finger of the accoucheur. An instance of this is recorded in the life of SEMMELWEIS: a woman in labour was admitted suffering from cancer of the uterus; twelve patients were examined after her, and all but one of these were attacked by puerperal fever and died. Now every obstetric physician is constantly having to examine patients both at the hospital and in private practice suffering from advanced cancer of the uterus; yet he, by knowing the danger and thoroughly disinfecting his hands, within a few hours, attends cases of labour, and often performs prolonged and difficult obstetric operations with impunity, and, as a matter of experience, with perfect safety. Again, to consider the matter from another standpoint. We suppose that there can hardly be a more delicate test of asepsis on the part of the operator than operations involving the opening of the peritoneal cavity; yet here also we find that ovariotomy and allied operations are constantly being performed by obstetric physicians, who must from the circumstances of their work necessarily often have had their hands in contact with septic matter—such as the discharges in a case of advanced uterine cancer—a few hours, or even a shorter period of time, before the operation. We know, however, as a matter of experience, that their cases do exceedingly well, the reason, of course, being that they have thoroughly disinfected their hands and arms before operating.

Another element that has complicated the etiology of puerperal fever has been the question as to whether its occurrence may be explained by the discovery of something faulty with the drainage in the house where a case is met with. The feeling at the meeting of the Obstetrical Society was that the existence of defective drains does not constitute a satisfactory explanation of the occurrence of puerperal septicæmia; that bad drainage might, of course, produce various forms of ill-health of a more or less serious character, but that it did not cause puerperal fever. Cases of puerperal pyrexia were cited as having occurred in houses where the drainage was found to be defective, and it was mentioned that no sooner was the patient removed from her unhealthy surroundings than the temperature fell, and she became convalescent. As Dr. WALLACE pointed out, this is not what would have happened if the case had been one of puerperal septicæmia, for it is not in accord with our knowledge of the natural history of that disease. Defective drainage might produce poisoning by sewer-air, but not puerperal septicæmia. In this connexion it is significant to find, as the President of the Obstetrical Society pointed out, that recent investigations have made it very doubtful whether there is really any causal relation between defective drainage and diphtheria. As regards puerperal fever, it should be remembered that it is a very easy thing to throw the blame on defective drainage, as the fact that the drainage is more or less imperfect in so many houses makes it an excuse that is almost always available. We are inclined to agree with Dr. CULLINGWORTH and others who insisted that it would be a misfortune to explain the occurrence of puerperal fever in any such way, as in addition to the fact that it was an error to do so, it tended to divert attention from the means by which it has been ascertained that the occurrence of puerperal fever may be really prevented. It is generally agreed that the fundamental principle is that everything brought in contact with the patient should be aseptic. "Everything" more especially means the hands of the practitioner and nurse, and any instruments that may be used. Removal of the coat and turning up the shirt-sleeves, so that no part of the practitioner's clothing touches the patient, are important points; the nails should be kept short and should also be thoroughly cleaned, as well as the hands and arms, with soap and water and a brush, and be afterwards soaked in an efficient antiseptic solution—such as a 1 in 1000 perchloride of mercury lotion—before any vaginal examination is made. Many obstetricians prefer to use no lubricant, as the complete asepsis of some of these agents is doubtful, but to take the hand directly from the antiseptic solution to make the necessary examination. If a lubricant for the examining finger is used 1 in 1000 corrosive sublimate glycerine is the safest, but it is inconvenient to carry, and a small quantity should be ordered for the patient previously to the confinement. Similar antiseptic precautions should be taken by the nurse. Instruments should be boiled, and dipped in carbolic lotion before use. It is obvious that the personal factor is a most important one in carrying out the strict antiseptic measures we have referred to, and that their efficacy depends on the careful observance of each minute detail. They are only likely to be properly adopted if the practitioner's mind is thoroughly convinced of their paramount necessity in order to guard his patient against the possibility of contagion. Inasmuch as no one can ever be sure that his hands are aseptic, the only safe plan is to adopt the antiseptic measures which we have referred to above in some detail, and which, we may say, are now very generally approved, as a matter of habit in every case attended.

THE recent Harveian Oration of Dr. PYE-SMITH at the Royal College of Physicians raised among other interesting questions the subject of "professional etiquette." The orator defined this expression to mean the observance of those rules which distinguish a profession from a trade, which make our calling honourable as well as honest, and which check the arts of advertisement and direct our ambitions to obtaining the suffrages, not of the public which cannot, but of the profession which can, judge truly—rules of conduct which are, in fact, nothing but the carrying out in daily practice the golden rule "to do unto others as we would that they should do unto us." Dr. PYE-SMITH congratuld the College on the concordate and mutual esteem which had happily marked its history from the days of LINACRE downwards. He extended this congratulation to the sister College, remarking on the happy union of the two Colleges for purposes of examination and coöperation. He might have extended it yet further to the profession at large, as being still in the main anxious to preserve the distinction between the methods of a trade and those of a profession and to observe the rules

of professional conduct which have been sanctioned by generations. Pessimists may detect, without the aid of microscopes, not a few departures from these rules, such as advertisement in more or less vulgar forms; competition in fees and in charges that cannot be dignified with the name of fees; careless or heartless disparagement of the work or character of a professional neighbour; and a tendency to use the style and status of the profession for commercial purposes and for commercial considerations. We say that such things are to be detected without much effort and may easily be magnified by pessimistic critics. We have two things to say clearly about them. The first is that for the prevalence of such evils the Royal Colleges of the medical profession are mainly to blame. They were entrusted with their privileges and their monopolies on the understanding that they were to exercise a disciplinary control, when necessary, over those to whom they gave their diplomas; yet they have allowed many of their diplomates to go from one unprofessional practice to another without remonstrance, till it has come to be thought that any irregularities may be committed with impunity and without interference. Every week a device in the way of a handbill or a circular comes to our hand that would be unworthy of a respectable tradesman; and not long ago the law courts revealed to us a system by which the wares of limited liability companies were to be pushed by the praise and prescription of medical men whose benevolence had been secured by a present of founders' shares. It is inconceivable that such things could have occurred had the Royal Colleges not been indolent in the exercise of their disciplinary powers and so allowed the sense of what is professional to almost die out of the minds of those holding their diplomas and subject to their collegiate morals. The second thing we have to say is that the members of the medical profession who act in a manner unworthy of its traditions are a very small proportion of the whole. The numbers of the profession have grown exceedingly, and commensurate with this growth the abuses of medical charities have been carried so far as to curtail the domain of private practice. The consequence is an unprecedented difficulty of livelihood, involving a difficulty in the maintenance of professional dignity. This is said in explanation, but not at all in excuse, of those who bring discredit on the profession by their unworthy methods of acquiring practice. But in spite of all the pressure of competition—a competition for which the higher ranks in the profession are not altogether irresponsible—we maintain that there exists in the great body of the profession loyalty to old traditions and principles of professional procedure.

There are two or three ways in which the leaders of the medical profession and the Fellows of the Royal Colleges can greatly help to uphold the standard of professional conduct. The first, and by far the most important, is by raising still higher the standard of preliminary education in those applying to be registered as medical students. It is rare to see well-educated men guilty of those errors of behaviour which bring scandal on the profession. Another way in which the leaders of the profession and those in authority in it can maintain its official position is by using their official influence in the Royal Colleges in favour of the more active assertion of their disciplinary powers. Medical corporations would be much more respected if they made it clear that they existed for something beyond receiving large sums for the purpose of enjoining an exacting curriculum and still more exacting examinations on those who seek to enter the medical profession. The public expect the Royal Colleges to insist on high principles of profession conduct in the first instance, though, in the second, they may look to the General Medical Council. The very men also who are tempted to loose and unworthy conduct would be thankful to be early reminded of their errors before they had gone too far and exposed themselves to the risk of removal from the College rolls or the Medical Register.

One other service—and that an important one—is to be expected of the leaders of the medical profession. It is that they set a high personal example. There has been some discussion, since Dr. PYE-SMITH'S address, on the distinction between consultants and general practitioners. We agree that there can be no absolute distinction. A consultant cannot absolutely avoid being consulted directly by the public and without the intervention of a general practitioner; a general practitioner cannot always avoid being consulted as if he were a consultant; but consultants can set an example of generosity to juniors: they can raise the public estimate of all medical service by raising their own fees and by avoiding that competition which degrades and vulgarises the medical profession. Every prosperous practitioner, by making himself a little less cheap, a little less accessible to the public, can at once raise his own reputation and diffuse the work which by too much concentration is less well done. There are practitioners who act on these principles; but one can scarcely as yet speak of them as very numerous. We venture to hope that our Royal Colleges will henceforth exercise themselves not only in enforcing the great morals of practice but in stimulating their diplomates, and especially their Fellows, to consider what they can personally do, by example and unselfishness, to increase that concord of the medical profession which is so essential to its prosperity and its honour. The sister profession of the Law has set us a good example in this respect, and certain recent deliverances of the judges seem to call the authorities of the medical profession to the exercise of more vigilance and activity.

Annotations.

"Ne quid nimis."

THE PRESIDENCY OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THERE is much speculation as to the probable decision of the Fellows of the Royal College of Physicians with regard to the election of a successor to the late Sir Andrew Clark. The Royal College of Physicians is never without Fellows who represent medical culture alike in its scientific and its ethical aspects, and who are ready, sometimes at personal inconvenience, to take the chair of the College. It has many such Fellows now. And yet it is undeniable that a certain sense of difficulty is experienced among them in selecting a President at the present juncture of affairs. The suddenness with which this juncture has come upon them adds to

their embarrassment; but, apart from that, there is a somewhat special feeling of difficulty in the extraordinary impression produced on the public mind by the President who has just been so abruptly taken away from the counsels of the College. His character and his eloquence have brought the public to realise the existence of the College and its importance more clearly than ever they did before; nay, more, they served to raise the whole public conception of the medical profession and its claim on public respect. Many names will occur of physicians who have earned a title to the blue riband of the profession, to the honour and interests of which they have contributed so much; but, for reasons which are as much personal as public, there can be no doubt that the majority of these would decline the burden of an office which demands so much from its holder. The President of the College should be one who is not only eminent in the science and practice of medicine, not merely successful as the world gauges success, but he should be keenly alive to the tendencies of modern medical education with which the College is so much concerned and should be of good business capacity. We may not hope for a repetition of Sir Andrew Clark. It is even well to have variety. "There are diversities of gifts, but the same spirit." There are scholars deeply read in medical literature, even in its classical forms; there are physicians of general authority and special knowledge; there are pathologists and therapeutists who have greatly advanced their respective departments of science—and the College cannot go very far wrong. It should not, however, forget that its relations and affairs are more complicated than in olden times and require a corresponding amount of attention to administration which is not always agreeable to eminent physicians. The Fellows may well be trusted to make a right selection, and we prefer to abstain from even suggesting any names of members of their body upon whom their choice is likely to fall.

THE INTERNATIONAL MEDICAL CONGRESS.

FROM Rome, under date the 13th inst., our own correspondent writes: "Not without anxious deliberation the 'Comitato Centrale,' or organising committee of the Eleventh International Congress of Medicine and Surgery, has fixed the opening day for the 29th of next March. The proceedings, according to custom, will occupy an entire week, and the Congress will close on April 5th. The period thus finally decided upon will form part of the Easter holidays, the Easter Sunday of 1894 falling on March 25th. This arrangement—perhaps the best that could have been adopted after the abandonment of the original fixture for Sept. 24th last—has at once its advantages and its disadvantages. Among the former may be noted the leisure enjoyed by the medical schools throughout Christendom during the Easter recess, the temporary withdrawal of official and fashionable life from the great capitals, the consequent gain of time by busy practitioners and consultants, and, lastly, the general salubrity of Rome in spring as well as its climatic charm and steadiness; but these are more than neutralised by the disadvantage of convening in Rome during its much-frequented Easter season so exceptionally large a body as the International Medical Congress. Of all periods of the twelvemonth that is the one when the capacity of Roman hotels and *pensions* undergoes the severest strain. As a rule, they are barely equal to the demand made upon them and it may be judged what straits they will be put to when an extra population of some 6000 'Congressisti' presents itself at their doors. So alarmed at the prospect are the Roman hotelkeepers that a delegation of their number have approached the organising committee craving the postponement of the Congress till some week in May, when they would be better prepared for the reception and entertainment of the medical world. Their petition has, of course, been rejected—in the interests of the profession at large, for whom a visit to Rome in the early summer would be a sheer impossibility. Meanwhile, the committee have appealed to the hospitality of their colleagues and friends in the Eternal City, urging coöperation in extending gratuitous 'board and lodging' to as many of the foreign delegates during the sittings as possible. Under the circumstances the best course for intending 'Congressisti' from the British Isles to adopt would be to intimate their coming without delay, so as to secure through the secretary of the organising committee whatever accommodation, public or private, may still be available. Another difficulty—that of the *locale* in which the Congress shall be held—seems to have been surmounted by the acceleration of the 'Policlinico' works, which will be so far completed by next Easter as not only to accommodate the general body of the members at the opening ceremony but to provide for them in the nineteen sections over which the business of the Congress has been distributed."

THE CASE OF DR. CORNELIUS HERZ.

IN another column will be found the particulars of the episode which recently ruffled the usually placid proceedings of the Academy of Medicine at Paris, and we need hardly say that we are glad that the members of that distinguished body, in spite of the official countenance given to the matter, succeeded in preventing a scientific assembly being made the medium of the publication of what was, to all intents and purposes, a confidential report. For our own part, we have always regretted that it should have been ever deemed necessary to parade before the public the particular details of the malady of Dr. Herz, and that such publication in this country should have been made the ground for a like publicity by the two eminent French physicians who last examined the patient is not satisfactory to our English pride. MM. Brouardel and Dieulafoy would not have acted as they did had it not been for the example set them on this side of the Channel; and, failing to get their communication read in the Academy, they caused it to appear in the political press. Unfortunately it enters into full detail concerning the patient's condition, contrasting his various symptoms as exhibited in June, when MM. Charcot and Brouardel agreed with their English colleagues as to the risks which would be incurred by any attempt at his removal, with those presented on this latter visit, when the French physicians concluded, "without hesitation," that he could be safely removed. We fear that the publication of these reports on each side will only introduce fresh complications into a question that has, it must be remembered, a legal as well as a medical aspect.

METROPOLITAN MORTUARIES AND CORONERS' INQUESTS.

AT an inquest held on the 1st inst. by Mr. Wyatt on the body of an elderly woman who died suddenly from heart disease Mr. Stephen Tees, who made the post-mortem examination at the Ewer-street mortuary, complained bitterly of the inconvenience to which he had been put. There was no attendant at the mortuary, consequently he had to pay some one to assist him to remove the body. The mortuary was a most cold and wretched place, there was not a drop of hot water or soap to wash with, and he had to clean up the place himself. The coroner confirmed Mr. Tees' remarks and told the jury that they might aid in calling the attention of the parish authorities to the state of the mortuary with the hope of ensuring a better state of things. It is only fair to add that Dr. Herron, the medical officer of health for the district in which the mortuary is situated, gave contradictions to all the statements made by Mr. Tees. The attendant had stated that he was present and ready to render any help that might be required. After some discussion the St. Saviour's Board of Works referred the matter to the Sanitary Committee, with power to instruct a solicitor. The matter is, after all, a question of facts, and

there ought to be no difficulty in ascertaining the truth. At another inquest, held before Mr. Hodgkinson on the body of a child who had died from diphtheria, Mr. Mark R. Rich, the surgeon who had made the post-mortem examination of the body, deposed that owing to the want of ventilation in the mortuary the jury would incur a risk of infection from the same disease; the coroner, therefore, decided to dispense with the usual formality of having the body viewed. It appeared that the child had been treated by a herbalist, and Mr. Rich expressed his opinion that if the child had been properly treated at first it would have been alive then. He also complained that he had no assistance at the mortuary, that he had to take the body out of the coffin himself, and that there was no hot water or anything to wipe his hands on. Mr. Logan, the vestry clerk, who was present, denied that the mortuary was not properly ventilated; but Mr. Rich repeated that not only was the ventilation bad but that the place was reeking with moisture. In answer to Mr. Logan's remark that he was paid to make a post-mortem examination, Mr. Rich said that he was not paid to drag bodies about. He had to wipe his fingers on a piece of old clothing, and the place was a disgrace. It is clear that the mortuaries require "ventilating" in more senses than one; the real truth is known only to very few. Medical practitioners are proverbially long-suffering, and the public do not wish to know anything about so gruesome a subject as a mortuary. In the interests of decency and humanity we must express our hope that coroners' juries will take advantage of their opportunities to ventilate this grievance and to rouse the authorities who are responsible for the care of the mortuaries from the state of apathy into which they appear to have fallen.

THE RECENT OUTBREAK AT GREENWICH WORKHOUSE.

THE adjourned inquest on the deaths resulting from the outbreak of diarrhœa and vomiting which recently occurred at the Greenwich Workhouse, was resumed on Tuesday, Nov. 14th, at Greenwich. Dr. Luff gave evidence that he had examined the viscera sent to him, and had been unable to detect therein any trace of mineral or vegetable poison. He had, however, discovered a minute amount of a ptomaine, which was present in quantities too small for identification; but he was unable to state whether this was the result of the putrefactive changes, which were already considerably advanced when he received the viscera, or whether it might have been introduced with food prior to death. Dr. Luff added that he was not able to say that he had found anything which might not also sometimes be found in the bodies of persons who had died from so-called natural causes. Dr. Bulstrode, who is investigating the outbreak from its etiological and clinical aspects, stated that neither his own nor Dr. Klein's examinations were yet complete, and that he was therefore unprepared to make any definite statement as to the exact nature of the disease. He offered, however, if it would assist the coroner, to give evidence—which was accepted—to the effect that, in his opinion, the outbreak was due to a specific infectious disease, and that there were no indications pointing to food poisoning. This evidence, coupled with that of Dr. Luff, will remove any element of mystery which may have hitherto—in the eyes, at least, of a perhaps too inquiring public—surrounded the epidemic, and we can but await patiently the outcome of further investigations. Dr. Bulstrode stated that the water of the workhouse well had been examined by Dr. Frankland and had been pronounced to be unfit for drinking purposes; but this fact, Dr. Bulstrode added, must not be accepted as conveying any information as to whether the water in question was the means of spreading the disease. We believe that, although grave suspicion still attaches to the well water, there are difficulties in the way of accepting a thesis of a water-borne disease as a complete explanation of the phenomena observed. Dr. Bulstrode also said that he had recently heard of cases similar to those which occurred in the workhouse as having arisen in Deptford and Greenwich, and that he was about to investigate them. The inquest was adjourned.

THE SPREAD OF RABIES.

A NUMBER of incorrect statements have gained currency about the intended action of the President of the Board of Agriculture with regard to this subject. The facts of the case are these. In the course of the summer Mr. Gardner had a Bill prepared dealing not only with stray and ownerless dogs but with duly licensed and cared-for animals. This measure would have been introduced before the adjournment in September but for the undertaking given by the Government not to burden the session with more Bills. It will, however, be introduced at an early period of next session, and no effort will be wanting on Mr. Gardner's part to press it forward.

ROYAL BRITISH NURSES' ASSOCIATION.

THE attention of the members of the Royal British Nurses' Association has been called to the following new regulations which were unanimously passed at a meeting of the general council of the Association, held on Friday, Oct. 27th, at 20, Hanover-square, W. 1. "That no member of the corporation shall use, or authorise, or permit to be used, the fact that she is a member of the Royal British Nurses' Association in connexion with any newspaper or other advertisement of any patent medicine, of any particular form of medical or nursing treatment, or any proprietary article of any kind or description, unless she has received the consent of the executive committee in writing, and under the seal of the Association, to such employment of the name of the Association." 2. "That in the judgment of this council any infraction of the preceding regulation by any member of the Association would be 'moral delinquency' in the sense in which that expression is used in the Royal Charter, and should be therefore reported to the general council, and dealt with accordingly." We have nothing but congratulation for this very proper step, by which the council has protected the public by obviating the possibility of the members trading improperly upon their membership.

THE GRIEVANCES OF THE PROFESSION.

DR. ALDERSON has been kind enough to send us a statement of his plan for meeting the evils of which those have to complain who practise medicine—viz., inadequate remuneration and a large amount of work inconsistent with a proper cultivation of the art and science which we profess. There is no doubt about the evil. His cure for it has at least one merit—that is, simplicity. He would, as far as we understand his scheme, place the whole country under a system of State medicine, mapping every community into districts, and assigning to each, according to area and population, a fixed number of medical men, to be paid by "an enlightened and beneficial Government." The people, in other words, would receive their medical attendance as free as they receive education for their children in Board schools. This is the cure for all evils now. There was a time, not long ago, when people were taught to be self-reliant and independent, and to have their own medical men. We are reluctant to believe that these teachings were wrong and to see the State turned into a huge provident dispensary. We can scarcely think that Dr. Alderson fully realises the objections to his scheme and the difficulties with which it bristles. Does he propose to put all the medical men in the country on his State list? If so, by what method does he propose to remunerate them? By a capitation grant? or by salary

fixed according to the area and population of the district? Are the people to have a choice of medical men, or are they to take one provided for them as a Board school is provided? If he does not propose to include all, are the medical men who like to be independent and something else than mere State-paid servants to be handicapped by this scheme—we had almost said this demoralising scheme? We very much doubt the effect of any such experiment in the profession itself. It would give a kind of dull security for the means of living to a man and would tend to make all men pretty much alike in professional work and remuneration; but that it would materially benefit the profession, that it would stimulate it to higher work, and that it would be good for the public or improve the public estimate of medicine we do not believe. It is easy to solve all difficulties by reference to the State, but there may come a rude awakening to such a delusion.

PREVALENCE OF DIPHTHERIA IN ESSEX.

THE returns of the number of cases of infectious disease notified during October in the county of Essex show that there has been a marked increase in the prevalence of diphtheria. In the parish of Helions Bumpstead about thirty cases of a mild type were notified during the month. In the Halstead urban sanitary district, with a population of about 6000, a most virulent form of the disease prevails. Fifteen cases were notified during the month, and a local paper states that every case proved fatal. Something very like a panic prevails in the town, and at the last meeting of the local board a deputation attended to urge that "the Local Government Board be requested to make an inquiry into the cause, and report upon the improvements of drainage that are needed, or other necessary alterations." In the meantime they suggested "that immediate steps be taken to cleanse and disinfect all courts, yards, privies, cesspits &c. weekly." The Local Government Board being unable to accede to this request, Dr. Thresh has been engaged to investigate the outbreak and to report upon the sanitary condition of the town generally. The small cottage hospital used by the urban and rural authorities is unfortunately overcrowded with patients suffering from scarlet fever, and as no other means of isolation exist the disease has attacked several members of the same family, four cases having proved fatal in one house. Dr. Thresh's report will be awaited with interest, but even now it is evident that the lack of proper hospital accommodation is responsible for many deaths. The outbreak also emphasises the necessity for county medical officers of health, who, by reason of their experience and judgment, could be relied upon to promptly assist with advice in emergencies of this character.

CLOSING OF THE ENGLISH CENSUS OFFICE.

THE temporary Census Office in Whitehall, which was opened just three years ago, is shortly to be closed, as the work in connexion with the census of England and Wales in 1891 is on the eve of completion. Volume 4 of the detailed Census Report, containing the general report on the results of the census, with summary tables and appendices, is now in a forward state of preparation, and will probably be issued early next month. About the same time will also be published an exhaustive alphabetical index to the population tables, giving the population and locality of each territorial subdivision separately shown in Volumes 1 and 2 of the Report, with references to all places and localities without defined boundaries mentioned in the notes as being situated within the various civil parishes. This index, which will be published separately at a small price, will serve as a useful compendium of the results of the census 1891. An important piece of census work still, however, awaits completion—namely, the classification of causes of death and occupation according to the system adopted in the Census Report for the occupation of the enumerated population. This work will form the basis of the tables showing the mortality of occupations, which will in due course appear in the Decennial Supplement to the fifty-fifth annual report of the Registrar-General, dealing with the mortality statistics of the ten years 1881-90, which report will shortly claim the attention of Dr. Tatham, the recently appointed successor of Dr. William Ogle.

THE WATER-SUPPLY OF KING'S LYNN.

WE are very glad to be in a position to offer our congratulations to the town council of King's Lynn on their praiseworthy action. It will be remembered by our readers that a short time since we drew attention to the grave danger which was being incurred by the continued use of the present water-supply of King's Lynn, and we are now able to record that the town council on Nov. 9th decided to provide their district with a pure supply at a cost of £28,000. This action is the more commendable on their part inasmuch as a vote of the ratepayers recently taken was hostile to any expenditure in this direction. It is, we regret to say, but rarely that we have the opportunity of thus congratulating a sanitary authority on doing what they believe to be their duty in spite of the opposition and hostile criticism of the ratepayers. It is a healthy sign, and we hope that other town councils will follow the plucky lead. We are glad to note, too, that the outbreak of diphtheria which recently occurred in this district has been checked by the prompt closing of the elementary schools.

RAPID DETECTION OF CHOLERA BACILLI.

IN the *Zeitschrift für Hygiene* and the *Zeitschrift für Analytische Chemie* Professor R. Koch describes a suitable method for detecting even single cholera microbes in drinking and river water. Whilst observing the well-known precautions, a small quantity of the suspected water is added to a solution of peptone and allowed to stand at a temperature of 37° C. If only very few cholera bacilli capable of development are present they increase very remarkably at the above temperature in from six to twelve hours. Owing to their avidity for oxygen they collect upon the surface of the liquid, where, under certain circumstances, they form a fine, though distinctly visible, film. When a drop of the liquid from the surface is examined microscopically the characteristic "comma bacilli" are to be seen in prodigious numbers. In order to be quite certain in the diagnosis, a drop is taken from the surface of the liquid and made up with gelatin (or preferably agar plates) according to the old method. If the gelatin plates are allowed to remain at a temperature of 22° C. (or the agar plates at 37° C.), in from ten to fifteen hours the cholera bacilli, if present, will have grown to characteristic colonies, so that in the most difficult case a demonstration can be secured in from twenty-one to twenty-seven hours. The occurrence of processes like the above should tend to emphasise the importance of bacteriological examination as a useful, and in some cases a necessary, addition to chemical analysis.

REPORT OF THE INSPECTOR-GENERAL OF THE INSANE FOR NEW SOUTH WALES.

THE report of the Inspector-General of the Insane for New South Wales for the year ending Dec. 31st, 1892, comprises an account of the state and condition of the hospitals and other institutions for the care of the insane in the colony and also, as appendices, notes on the several establishments by the various medical superintendents, with full statistical information. The report shows an increase of persons officially registered as insane that, on the surface, is little less than alarming. The total number on the register in the report for

1892 is 3312 (2031 males and 1281 females). The total number on the register in the report for 1891 was 3134 (1912 males and 1222 females). The increase for the year, therefore, is no less than 178 (119 males and 39 females), and on looking at the figures in the similar reports for the past ten years we find that (1) the increase for 1892 is 50 beyond that of any other year, and (2)—which is more significant—that it is 87 in excess of the average for the previous ten years. This increase means that the proportion of insane to population in the colony has risen from 1 in 371 to 1 in 361. Inspector-General Norton Manning attributes the increase almost entirely to the general commercial depression, which has not only increased the worries and anxieties of the responsible classes and so directly caused insanity, but has also driven into the institutions for the insane many persons who, although demented and imbecile, would in more prosperous times have been supported by their friends. This view is proved by the figures, which show that the number of aged and demented cases admitted has been unusually large.

THE PREVALENCE OF INFLUENZA.

ACCOUNTS reach us from various sources of the increased prevalence of influenza throughout the country, but fortunately the type does not up to the present appear to be of a very severe character, though some deaths are said to have occurred. In Blackburn the disease is reported to be so widespread that considerable difficulty is experienced in keeping the mills at work, while at Birmingham hundreds of persons are said to be suffering from the disease. Some idea of its prevalence in this city may be drawn from the fact that of sixty-nine officials in the post-office department twenty-nine are suffering from influenza. The children in the elementary schools do not seem to have been much attacked, though many of the teachers are confined to their homes with the disease. Relapses appear to be very common, and when they occur the manifestations are in many cases of a more severe nature than in the initial attack. In the Llanelly rural sanitary district the disease prevails generally, but more especially in Bury Port and the suburbs of Llanelly. Our Northern Counties' correspondent reports a remarkable outbreak both in Newcastle and Sunderland.

JOHN HUNTER AS PROPHET.

LAST month, in his address at Newton Hall on "The Centenary of the Death of John Hunter," Dr. Fitzpatrick joined the goodly band of lecturers who have used the life and work of "The Founder of Scientific Surgery" as a text upon which to hang edifying precepts. The subject appears to be inexhaustible, for fifty-seven orations specially delivered in its honour have not served to wither or stale its infinite variety. John Hunter was the tenth child of a humble Scotch farmer, upon whose education not even ordinary care was bestowed. He was plain-featured, in early life delicate in physique, and not very happy in his manner, apparently possessing none of the suavity that would be likely to make him popular. This, indeed, he never became; and Dr. Fitzpatrick's view that in his own day Hunter was misunderstood, and that time, which is fatal to so many pretensions, is now placing him in his proper position, is quite a correct one. What most strikes all of us when one of the numerous accounts of Hunter's life is placed before us must be the boundless imagination of the man; and it is to this quality that Dr. Fitzpatrick indirectly testifies when he points out the extraordinary range of Hunter's work. His industry and patience have before now been seen in great men, but it is rare to find these qualities coupled with a vivid imagination. Yet, at his day, he could not have arrived at the biological conclusions upon which his surgery was founded without a power of intuition amounting to prophecy. Over a century ago he demonstrated to his own satisfaction the fact that organised creation had been formed on a single plan and that lower animals represented permanent examples of types through which higher animals had passed. Over a century ago he wrote (as Mr. Bryant[1] in his eloquent Hunterian Oration for this year told us): "The first and most simple idea of life is its being the principle of self-preservation." These things really constitute a prophecy of the main doctrines of Evolution, and no one but a person in whom the imaginative faculty was as well developed as the industrial could have made it at that epoch. As Dr. Fitzpatrick says, "it would almost seem as if the lapse of a long period had been needed to enable the human mind to grow familiar with the full extent of Hunter's discoveries and to penetrate to the solid basis on which his far-reaching speculations rest."

EMPLOYERS' LIABILITY AT THE DOCKS.

THE discussions now proceeding in connexion with the Employers' Liability Bill have revived, as they were bound to do, associated controversies which now form a part of the annals of manual industry. Among other such discussions we observe that the question of personal risks involved in dock labour occupies a prominent position. It forms the subject of an article in this month's issue of the *Nineteenth Century*, in which allusion is made to certain observations published by us in the years 1888 and 1889. Needless to say these comments were not then, and still are not, regarded with favour or even with tolerant unconcern by the official representatives of the dock companies. It is not quite a new thing to be told by some who do not share our views that THE LANCET is totally wrong. Accordingly we are not surprised to find that our original and entirely impartial estimate which placed the average number of accidental injuries incurred by dock labourers during five years at 50 per cent. of those employed is again somewhat scornfully repudiated. Nevertheless it remains uncontroverted. A year's total of 800 reported accidents is taken to represent the sum of injury known to have been sustained by persons of all kinds employed in the docks. A fourth of these casualties is allotted to the dock labourers, of whom there are said to be from 4000 to 5000 in permanent employment—that is, a proportion of rather more than 5 per cent. Colonel Martindale in 1889, while giving evidence for the dock authorities, fixed the estimate at an even lower figure. In former articles dealing with this subject we have shown that our own calculation was based upon opinions freely expressed by the dock employés themselves and by the house surgeon who commonly treated them when injured. We have shown, too, that in many cases the effects of an accident are not at once apparent, though really serious; or, if recognisable, they are for obvious reasons not acknowledged even by the sufferer. In a matter like this, which admits of such wide discrepancies of calculation and where so much must still be left to conjecture, it is clear that there is ample scope for an impartial statistical inquiry. We should welcome this. We are convinced that, whatever the outcome, one result would be the more careful definition of the mutual responsibility of masters and men. Until it is carried out we must be content to abide by conclusions which are founded upon what may fairly be regarded as unbiased evidence. When we come to consider the causes of accidents we are astonished to find how little effort has been made by the dock officials to exonerate themselves from an apparent liability. The critical calculation to which we have already referred contains hardly a serious attempt to deal with this part of our allegations. Are we, then, to suppose that the hardship and risk implied in overloading and overworking men weak from want of good food, in the faulty management of

[1] THE LANCET, Feb. 18th, 1893.

apparatus and the like, are tacitly admitted? If so, what about the casualty minimum? Five per cent. is low—the character of the work being considered, it could not easily be reduced. We must, in the absence of more convincing explanations by the dock directors, admit an uneasy scepticism as to its reputed accuracy. The whole subject is one which will repay investigation, and no time could, in our opinion, be more opportune than the present, while we are on the eve of witnessing the fate of a measure intended to determine the limits of that needful precaution which must ever constitute one of the elementary duties of an employer of workmen.

A PRACTITIONER FINED FOR FALSE CERTIFICATE.

MR. NEVILLE HOLLAND of Green-street, Bethnal-green, has been fined £3 and has to pay £2 2s. costs for giving a certificate saying that he had attended Emily Hewitt, who died in less than twenty-four hours after childbirth, whereas it was stated that he had admitted to not having attended the deceased. She was attended by Mr. Davis. The nurse said that Mr. Holland and Mr. Davis were in the same surgery. The husband went to fetch Mr. Holland and was under the impression that Mr. Davis, who returned with him, was that gentleman. It is amazing that a medical practitioner should allow himself to be placed in such a false position.

THE DIFFUSION OF SMALL-POX.

SMALL-POX made some ominous strides during the week ending the 11th inst., and it is still making progress. In Birmingham 70 fresh cases were recorded, in Bradford (where the disease is spreading fast) there were 80, in Walsall 59, and in London 55. Amongst other recorded attacks were the following: Aston Manor, 13; West Ham, 8; Bristol, 7; Handsworth, 4; Willesden, 3; Southport, 2; West Bromwich, 2; and in a number of other places, including Leicester, isolated attacks took place. Other outbreaks have occurred as to which the data are less precise. Thus a substantial prevalence of the disease has occurred at Leadgate, in Durham, and in an adjoining place called "Happy Land," and some cases are reported from New Quay, Aberavon, Lower Gornal, and Kidderminster. The number of cases under isolation in the hospital ships and at Gore Farm had reached 149 on the 13th inst., but the Kensington outbreak is now limited to single attacks per diem, and as these are at once dealt with and removed it may be hoped that it is checked. Amongst other parishes involved are Stepney, Poplar, St. Saviour's, Wandsworth and Clapham, Lewisham, and Mile-end Old Town.

ACCIDENTAL INOCULATION OF TETANUS.

A CASE is recorded by Dr. Nicolas of Lyons (in the Union Médicale, Oct. 26th, 1893) of tetanus occurring after the accidental inoculation of a small quantity of the filtered culture of the bacillus, recently described by Nicolaïer in connexion with that disease. The case was fully reported in THE LANCET of Nov. 4th, but it is so interesting that we are glad to be able to give Dr. Nicolas's account. The culture, which was an extremely virulent one, had been used by Drs. Courmont and Doyen in their experiments on fowls. The accident occurred from a simple prick in the left hand, made with the needle of a Pravaz syringe, which had been sterilised and dipped into the filtered culture, with which it was intended to inoculate a fowl. None of the fluid was forced out of the syringe, and the needle was therefore merely wet with the fluid; thus a typical attack of tetanus ensued consequent upon the subcutaneous injection of an infinitesimal dose of the filtered culture of the bacillus of Nicolaïer. Dr. Nicolas remarks that from this case he would assume that man stands before any animal in his susceptibility to the soluble products of this bacillus. The attack of tetanus was typical, the only clinical points of interest being the maintenance of a low temperature throughout, marked symptoms of congestion of organs, extreme sensibility to cold and, finally, the commencement of muscular contractions at the site of inoculation. The incubation period was four days, during which the patient was perfectly well, although the injected fluid contained all the soluble products of the culture; this would confirm the theory of Drs. Courmont and Doyen that this poison in itself is not toxic, but produces the "strychnine-like" substance independently of the organism. This phase necessary for "fermentation" constitutes the period of incubation. It may be remembered that the patient recovered.

SUPPURATION IN CEREBRAL VENTRICLES.

IN the *Birmingham Medical Review* Mr. Berlyn reports a case under the care of Mr. Barling—that, namely, of a child three and a half years of age who was admitted on account of frontal headache. The child had had a discharge from its right ear since it was six months old, and fourteen days before admission it had fallen on some bricks and injured the right side of its head. On admission there was found to be retraction of the head without paralysis or strabismus, and the temperature was 101·6° F. There was no optic neuritis. During the next week the child was very irritable, vomiting frequently, and the temperature remained about normal. There was tenderness over the right mastoid, and operation was thought to be justifiable. The bone was chiselled away, but no cavity existed; the right lateral sinus was freely exposed and was found to be healthy. The wound remained quite aseptic, but the child became more drowsy, there was a discharge of pus from the left ear, and it sank rapidly. At the necropsy the pial surface of the brain was found to be much injected, and on section a large quantity of pus was present in both lateral ventricles, which had also penetrated the Sylvian aqueduct and distended the fourth ventricle. The sinuses were normal except that they contained some secondary clot; the dura mater and bone over the tympana were normal, and the other organs revealed no focus of inflammation or other abnormal appearance.

ENORMOUS CEREBRAL TUMOUR.

IN a recent number of the *New York Medical Journal* Dr. Conroy gives a brief report of a case of probably the largest cerebral tumour on record. We do not remember to have read of one in which such an enormous size was reached. The patient was a young man aged twenty, whose head had been injured when he was about fourteen. A year later he had become paralysed on the right side. His speech was gradually affected and his sight became impaired, and he had also suffered from occasional convulsive attacks. His head had been noticed to be larger, but his intelligence was good, and until the time when he had become nearly blind he read much and with enjoyment. After a consultation an operation was carried out, but the tumour was found to be so large that an attempt at its removal was thought to be unjustifiable. The patient died forty-eight hours after the operation. At the necropsy the left half of the intra-cranial cavity seemed to be filled with the tumour. The surface of this presented an appearance strongly resembling a normal hemisphere, being lobulated and fissured so as to offer a very strong superficial resemblance to a brain. It was invested in a strong fibrous membrane, which sprang from the falx cerebri and had no other attachment than this. The left hemisphere, after the tumour had been removed, was found lying on the base of the skull flattened to the size and shape of the palm of a man's hand. Two smaller tumours were found, one on each side of the foramen magnum and attached to the dura mater there. The principal tumour weighed 1 lb. 11 oz. avoirdupois, its long

diameter being 8 in., its transverse measurement 3½ in., and its size from surface to base 4 in. Of the smaller tumours one was about the size of a plum and the other a little smaller. It is truly remarkable that such a condition of things should have been compatible with life for so long a period, and that with comparative comfort. What would have been the course of affairs had the tumour been removed at the operation? The large one was apparently easily removable, but it is scarcely to be wondered at that, having regard to its size, the surgeon had a natural disinclination to deal with such a mass.

THE following are the arrangements for the final Fellowship examination at the Royal College of Surgeons of England, for which forty-two candidates have entered their names, and which will be conducted at the Examination Hall, with the exception of the *viva-voce* part, which will take place at the Royal College of Surgeons:—Monday, Nov. 20th, Written Examination, 1.30 to 5.30 P.M.; Tuesday, the 21st, Clinical Examination, 1.30 to about 6 P.M.; Wednesday, the 22nd, Operations, 1.30 to about 6 P.M.; Thursday, the 23rd, Surgical Anatomy, 2 P.M. to 4.15 P.M.; Friday, the 24th, *viva voce*, Pathology, 5 P.M. to 9.30 P.M. All candidates will be required to attend on the above-mentioned days.

THE fourth award of the Reuben Harvey Memorial Triennial Prize is announced to be made on July 1st, 1894. The prize, which is of the value of £25, is open to the competition of all students of the various recognised schools of medicine in Dublin and also of graduates or licentiates of these bodies of not more than three years' standing at the time of the award. The essays which, while dealing with a subject selected by the candidate, must not range beyond the regions of animal physiology or pathology, should be lodged with the registrar of the Royal College of Physicians of Ireland on or before June 1st next.

THE annual dinner of the staff and past and present students of the Dental Hospital of London will be held on Saturday, Dec. 2nd, at the Hôtel Métropôle (Whitehall Salon), under the presidency of Mr. John Whitaker Hulke, F.R.S., President of the Royal College of Surgeons of England. Gentlemen either now or formerly connected with the hospital or medical school, who may through inadvertence not have received special notice and who desire to be present, are requested to communicate with the Dean at the Dental Hospital, Leicester-square.

WE understand that the State Medicine Syndicate of the University of Cambridge has arranged that there shall be an examination in State Medicine in the Easter Term, commencing on April 17th, 1894. This announcement is rendered necessary by the fact that in the calendar and elsewhere April 3rd is set down as the day of the commencement of the examination.

DR. THEODORE DYKE ACLAND, M.A., M.D. Oxon., F.R.C.P. Lond., has been appointed Physician to St. Thomas's Hospital in succession to Dr. John Harley. Mr. Bernard Pitts, M.A., M.C. Cantab., F.R.C.S., has been appointed Surgeon to St. Thomas's Hospital in succession to Sir W. Mac Cormac.

THE chairman of the Board of Management of the Temperance Hospital has requested Sir Benjamin W. Richardson, F.R.S., to draw up a report to the Board from the data at command on the treatment of typhoid fever in that institution.

THE council of the Royal Institution have elected Mr. Charles Stewart, M.R.C.S., curator of the Museum of the Royal College of Surgeons, to the post of Fullerian Professor of Physiology.

WE have been asked to state that the dates of the Lettsomian Lectures on Peritonitis, to be delivered at the Medical Society of London by Mr. F. Treves, have been altered from those previously announced, and will be as follows:—First lecture, Jan. 29th, 1894; the second, Feb. 12th; and the third, Feb. 26th.

THE Brown Lecture will be delivered on Tuesday next, Nov. 21st, at 5 P.M., by Professor-Superintendent C. S. Sherrington in the theatre of the London University. The subject chosen by the lecturer is "The Knee-jerk."

CHOLERA AND INTERNATIONAL ACTION.

AT the present time, when climatic conditions unfavourable to cholera have reduced the epidemic to insignificant proportions, and when the disease may be said to be hybernating or dormant, with the possibility of being hereafter revitalised, it behoves us to inquire whether everything has been done that can be done in the way of prevention of such epidemics in future. We may begin by asking ourselves whether we have in Europe been hitherto proceeding on the right tack in regarding India exclusively as the great source and manufactory of cholera, whence it is carried and distributed over other parts of the world; and whether we may not have been so blindfolding ourselves with that assumption as not to have sufficiently recognised the existence of another and more dangerous source of that disease which is nearer to Europe and to ourselves?

After all, the real object of all sanitary and scientific inquiry is to arrive at a sound decision as to the work required to save life in the future. If there is any truth at all in the current and common-sense creed that our preventive measures should be primarily applied to removing the causes or checking the development and spread of any given disease at its source, then the time has surely come for some international action to be taken in regard to the pilgrimages to Mecca.

So long as the apathy of the Ottoman Power prevails in regard to all matters of sanitation, and the cities of Arabia remain in their present disgraceful condition, it is perfectly futile to insist upon a rigid inspection of pilgrims and vessels going there from India, and equally so to impose a system of quarantine at Suez or elsewhere on the crowds of cholera-stricken Mussulmans returning from these pilgrimages. It seems to us that it is to the Haj cities and the Persian Gulf rather than to India that attention should be directed. It has frequently been declared that the British Government objects to quarantine solely on mercenary grounds; but there are in reality quite other reasons for its assuming that attitude. The mere fact that cholera quarantine is not only discountenanced but forbidden in British India, shows that the Government of that country has no faith in its usefulness to protect its own subjects from cholera. The practice of India, based upon large and long experience, is the exact reverse of establishing quarantine cordons, for when cholera appears among the troops they are at once encamped, and the sites of the camps are shifted again and again until the disease disappears. Not only has that practice been attended with success as regards the affected troops, but it has not been found that the troops or their camping grounds have acted as foci for the dissemination of the disease. The true cause of the outbreaks of cholera in Arabia during seasons of pilgrimage is the filthy condition of Mecca and Muna, and of the water used by the pilgrims. This was graphically set forth in a report by Abdur Razzack in 1832, where it is stated: "The common opinion among the sensible and knowing classes of Arabs and the Meccans themselves is that the cause of the

sickness which generally prevails among the pilgrims after their descent from Arafat and Muna, and continues for some time in Mecca also, is the insanitary condition of Muna and the abominable stench that pervades the town after the first day, and increases day by day, as well as the impure water which the majority of the pilgrims drink. The people are well aware of these facts, and there are few believers in those who tax India with originating Hedjaz cholera, instead of recognising and combating the too obvious exciting causes which exist in these holy places, on seeing which it is impossible not to feel indignation as a Mussulman, as well as disapproval as a medical man."

It has often been urged that what is wanted to prevent the extension of Asiatic cholera is a strict quarantine station at the entrance of the Red Sea, where all ships from India should be searchingly dealt with. But what are the facts? In the first place, the proportion of ships leaving India in which cholera appears is extremely small, and, notwithstanding the constant, direct, and rapid communication between India and Europe, *viâ* Egypt, it cannot be shown that an epidemic has been caused by the arrival of a ship from India. The Red Sea route was opened in 1842, and the Suez Canal was completed in 1869. Aden is the nearest place to India, but it has suffered little or nothing from cholera. Neither the Red Sea route nor the opening of the Suez Canal has made any difference in regard to the course taken by cholera. There has been no epidemic of any importance in this country since the opening of the Suez Canal, and East Russia and other places have suffered far more frequently from cholera than Aden, which is nearest to the alleged source of it and the first port at which all the vessels stop.

We have recently received a copy of the report of the Sanitary Commissioner for the Government of Bombay for 1892, in which special reference is made to a very able report from the health officer of the port of Bombay, which has been printed in full in accordance with a Government resolution to that effect. This report deals with certain points which, no doubt, call for amendment and improvement as far as the Bombay authorities themselves are concerned; but it is in connexion with this question of the Red Sea pilgrim traffic that it is of special interest at the present time. The pilgrim traffic is a most important matter to a great Mahomedan population like that in India, representing as it does the departure from Bombay of from 11,000 to 15,000 pilgrims annually. The difference between the numbers leaving and returning to Bombay in a series of years is calculated to amount to one-third of the total number of pilgrims who leave Bombay—that is to say, one-third never return. The greater number die of epidemic disease in Mecca or of starvation and the hardships they encounter. The mortality among these pilgrims on shipboard on their return voyages—a fourteen days' voyage—from Jeddah is also very large. *En passant* we would remark that the pilgrim traffic by sea as regards space, ventilation, food, luggage, and Government supervision should, as recommended by the port officer, be placed under the same rules as apply to passengers and ships coming under the Indian Emigration Act. But the point to be made clear is that these pilgrimages to Mecca draw about 150,000 pilgrims from all parts of the Mahomedan world and that they are usually characterised by an outbreak of cholera and small-pox, from which it has been computed that 20 per cent. die in ordinary years and about 35 per cent. in years marked by virulent outbreaks of epidemic disease. The medical inspection of all passengers, pilgrims, and ships for European, Red Sea, and quarantine ports is stated to be most strict at Bombay; but India always obtains the credit, nevertheless, of originating any cholera which threatens the invasion of Egypt and Europe, whereas it often has its starting point in Arabia, extending to Damascus and other Syrian cities. Those who return from Jeddah and Mecca describe the state of the sacred cities as being filthy in the extreme, especially after the sacrifice of thousands of animals—to say nothing of foul drinking water and the overcrowding of an exhausted and starving crowd of pilgrims. Although the exact origin of the last epidemic, which began at Damietta in Egypt, was never traced, it was in all probability attributable to pilgrim importation and to the foul state of the water, soil, and site, as also to the overcrowding at the Damietta fair.

The noteworthy points in the report of the health officer of the port of Bombay which call for serious attention at the present time are briefly these: (1) the insanitary condition of Jedda and the sacred cities, and the enormous mortality among the pilgrims in Arabia; and (2) the high death-rate on board ship; (3) the danger to Europe from the Persian Gulf and Haj cities rather than from India; (4) the apathy of the Turks in all sanitary matters; (5) the necessity for the establishment of an International Board at Jedda with a medical officer representing the Indian Government. This Board should draw up rules for the pilgrim traffic and see that they are carried out; the sanitary condition of Jedda and of the sacred cities and the Red Sea lazarettos should be improved, and condensed water should be issued, as at Aden, at ports where fresh water is not available. It may be said that this means money, but a small tax from pilgrims would probably be sufficient to meet the expenditure. It is generally understood that the Sultan is always extremely anxious to prevent the introduction of cholera into his dominions. The best way of doing this, and of safeguarding Europe at the same time, is to begin by improving the sanitary condition of Arabia and by providing for the essential hygienic requirements of the followers of his faith gathered from all parts of the world. To leave things as they are in Arabia is to wilfully disregard considerations of humanity and a recurring source of grave international danger.

MUNICIPAL HONOURS AND MEDICAL MEN.

IT is gratifying to notice that there has been no falling off in the number of those members of the profession who have been elected to the civic chair. The office is naturally an onerous one, but in his official position as head of the corporation the Mayor has many opportunities of doing good in those ways which most concern the health of the community, and for this reason the office is one especially suited to the medical man.

Alderman Joseph Ewart, M.D. St. And., J.P., has accepted, for the third successive year, the mayoral chair of Brighton. In discharging the duties of his office Dr. Ewart has received much assistance from his sister, the Mayoress, and during the past municipal year he has identified himself with many improvements which reflect great credit upon himself and the corporation. At the banquet given in his honour by the townsmen Sir Joseph Fayrer, K.C.S.I., in proposing the toast of the evening, expressed his belief in the great merits, the noble personal character, the very high administrative ability, the calm and judicious mode of dealing with great and important questions, and the fund of that uncommon quality, common sense, which Dr. Ewart possessed. It was, he said, as fitting that the high priest of the temple of Hygeia should be the favourite disciple of Æsculapius as it was that the distinguished medical officer, holding high rank, and possessing these attributes, should, as chief magistrate of that great health resort, become their presiding genius.

Bournemouth has chosen for its representative in the civic chair Alderman G. M. Hirons, L.R.C.P. and L.R.C.S. Edin., L.S.A. After finishing his curriculum at Anderson's College and the University of Glasgow he was appointed house physician to the Royal Infirmary, and then to the Teignmouth Infirmary. In 1873 he went to Bournemouth, and two years later commenced a successful practice, which

he had to relinquish in the year 1885 owing to ill-health. In 1888 he was a successful candidate for a seat on the Board of Improvement Commissioners, and remained a member of the Board until the town was incorporated in 1890, when he stood as a candidate for the ward in which he lived, and was returned after a severe contest. At the first meeting of the new Council he was made alderman, and has been chairman of the Parks Committee for two years, and chairman of the School Attendance Committee for the same period. He is a hard worker in the cause of temperance, and has taken great interest in the construction of public recreation grounds for the inhabitants of Norwich.

Mr. James Albert Bright, M.R.C.S. Eng., L.S.A., who has been elected for the third time to fill the civic chair of the town of Glastonbury, is the second son of the late Dr. J. R. D. P. Bright, who forty years ago was a well-known medical practitioner at the West-end of London. Mr. J. A. Bright entered as a student at St. George's Hospital in 1856, where he distinguished himself in chemistry and was awarded the Benjamin Brodie Prize in clinical surgery. For some three or four years he acted in the capacity of surgeon to the London and East India Shipping Company, and in 1865 he settled at Glastonbury. In the year 1873 he was elected a member of the municipal body of which he is still a member. In the year 1876 he was first elected to the mayoralty, which honour was repeated in the year 1884.

Sir Peter Eade, M.D. Lond., F.R.C.P. Lond., &c., who occupied the civic chair of Norwich in the year 1883, has again been elected to that office. He served as a pupil for a term at the Norfolk and Norwich Hospital, and then as student at King's College, London, where he was senior medical scholar, and was afterwards made hon. fellow of the College. At the London University he won three gold medals and the University Medical Scholarship. He acted as consulting physician to the Norfolk and Norwich Hospital for thirty years. In 1871 he was President of the medical section of the British Medical Association meeting at Norwich, and he has been Justice of the Peace for the city since the same year. In 1880 he was elected sheriff, and he was knighted in 1885. He has been an energetic worker in the interests of the city.

Alderman E. J. Domville, J.P., L.R.C.P. Lond., M.R.C.S., one of the surgeons to the Devon and Exeter Hospital, who has been elected to the mayoral chair of Exeter, has been a member of Exeter City Council for thirteen years, during which time he has taken a great interest in the sanitary matters of the city. He has twice been chairman of the Sanitary Committee and chairman of the Asylum Committee on three occasions. Both in his capacity of mayor and as a prominent Churchman he is specially fitted to meet the members of the Church Congress which is to meet at Exeter next autumn.

Mr. J. Holden, L.R.C.P. Edin., M.R.C.S. Eng., the new Mayor of Preston, was born in June, 1842, and is the son of James Fawcett Holden, surgeon. Mr. Holden was apprenticed to a surgeon, and commenced practice at Moor Park, Preston, in 1868. He entered the town council in 1876 and has been an assiduous member of the Sanitary, Parks and Baths, and Grammar Schools Committees. Mr. Holden is a member of the honorary staff of the Preston and County of Lancaster Royal Infirmary, and was last year made the President of the Medico-Ethical Society, having been secretary since its reorganisation.

Mr. Fergus Armstrong, M.D., L.R.C.S. Edin., who twenty years ago was elected Mayor by the townsmen of Appleby, has again been elected to that office. He graduated at the Edinburgh University in 1850, and took the licence of the Royal College of Surgeons of Edinburgh in the same year. Until the disestablishment of the county prison he acted as its surgeon and as medical officer of the Appleby district of the East Ward Union for upwards of twenty years, from which he retired on account of ill-health. Dr. Armstrong has been a great benefactor to the town.

The Mayor of Conway, Mr. R. Arthur-Prichard, L.R.C.P. Edin., M.R.C.S. Eng., J.P. and County Councillor for Conway, is on the Commission of the Peace for Carnarvonshire; and at the Conway district elections to the first and second Carnarvonshire County Councils he headed the poll by majorities of 98 and 181 respectively. He was appointed, in his magisterial capacity, a member of the Carnarvonshire Joint Police Committee. He takes great interest in all local affairs, and works hard in the interest of the Lunatic Asylum Committee of North Wales, of which he is a member.

For the third time Mr. Latimer Greene, L.R.C.P., L.R.C.S. Edin., has been elected to fill the civic chair at Stratford-on-Avon. His last two years of office have been characterised by the putting into practice of the dictum which he laid down on the occasion of his present election: "Everyone should do his share of public work and should be prepared to accept the responsibilities which that work involves."

Mr. M. C. Halton, L.R.C.P. Irel. & L.M., has been elected for the second successive year to the mayoral chair of Barnsley. He received his medical training at Ledwich School of Medicine, Dublin, and in Meath Hospital. In the year 1868 he went to Barnsley and took great interest in the municipal affairs of the town.

Pembroke has elected for its civic representative Mr. W. B. Wall, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. He was born at Wedmore in Somersetshire in 1849, and served as pupil to the late Mr. W. D. Wathen of Fishguard, Pembrokeshire, entering for hospital work at University College in October, 1868, and qualifying in 1871. After filling various junior positions he settled in practice in Pembroke about fifteen years ago. He has been a member of the corporation for twelve years, and has taken a prominent and active part in municipal administration. Some years ago he declined the civic chair on the score of youth and inexperience.

DISSECTION FOR THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT the meeting of the Council of the Royal College of Surgeons of England held on the 9th inst. the Council had before it the following resolution, which had been unanimously adopted by the Court of Examiners on Oct. 25th, 1893, in reference to the regulations for the diploma of Fellow—viz.: "That it be recommended to the Council that Section 1, paragraph 4, of the Regulations for the diploma of Fellow be altered in the following manner:—

Paragraph as at present: "4. Of having performed dissections at a recognised school or schools during three winter sessions."

Paragraph as proposed: "Of having been engaged in the acquirement of professional knowledge at a recognised medical school during a period of not less than three winter sessions, and of having dissected at a recognised school or schools for a period of not less than eighteen months during the ordinary sessions—i.e., exclusive of the months of April, August, and September."

After considerable discussion the resolution was carried by a majority of the Council, including, no doubt, the five members of the Court of Examiners who had recommended the alteration. On a comparison of the two paragraphs, the old and the new, it will be seen that the actual amount of dissection required under the amended regulation will be ostensibly the same as before—viz., eighteen months. The difference between the two requirements consists in that, whereas the student has hitherto been obliged to dissect for three winter sessions, and thus to dissect up to the time when he ought to present himself for examination, he will now be able to substitute two summer sessions of dissection for one winter session, and, if he chooses, to complete the whole of his eighteen months of dissection in two years. The third winter session will thus be left free for bookwork or for observation of the dissections of others. The question arises, Will these changes be of any practical utility or tend to make the student better prepared for his examination and for surgical practice? We doubt whether they will. The great danger to be apprehended from the new regulation is that it will result in the candidates for the Fellowship dissecting less than they did before. Two summer sessions cannot be held to be equivalent to one winter session as far as dissection is concerned, while the summer is much better adapted for bookwork. Of the three months of the summer session—May, June, and July—May is the only month during which dissection can be carried on with reasonable comfort. Parts will not keep well in hot weather, and dissection becomes repulsive. The restraint imposed on the student is felt far more severely in the summer months, when, like Falstaff, he is apt "to babble of green fields." After May the dissection will probably be scamped or performed in a perfunctory manner, and the six months of

dissection will virtually dwindle into two. In point of fact, for nearly a whole year before the examination the candidate need not touch a scalpel, and at the end of his term of anatomical study he will not be as good a practical anatomist as he would be if the regulation had not been altered. At all events, this is the view which we take, and we regret that the Council or the examiners should so frequently be suggesting and adopting changes in the regulations for the Fellowship. In the words of Lord Melbourne we are inclined to ask, "Can't you let it alone?" There is too great a tendency to rely upon examinations as all-sufficient and to think lightly of the curriculum; but the curriculum is quite as important as the examinations, which can only test a candidate in a very small part of his work and are largely attended by an element of luck.

If the two objections which we have urged to the new regulations—viz., that the amount of dissection performed under it will be less than before, and that the scalpel will be set aside for nearly a whole year before the examination—can be sustained, it will follow that the change will not be one for the better. It will probably prove to be a retrograde step, and if it is too much to expect that the step will be retraced the operation of the new regulation will have to be carefully watched. At a time when the Council is engaged in drawing up a scheme for consulting the Fellows it is to be regretted that changes should be made which the Fellows of the College are not afforded an opportunity of discussing. The regulations for the Fellowship are exactly the kind of subject upon which the opinion of the Fellows who are engaged in teaching would be valuable and we think that the Council might have deferred fresh legislation until the proposal had been debated by the Fellows of the College who are specially interested in the curriculum.

CHOLERA.

THERE is little or nothing to be recorded in the way of fresh intelligence regarding the epidemic, which seems to have been reduced to such insignificant proportions at the present time that it practically excites no more attention than last year's almanack.

The stringent quarantine regulations in Eastern Europe have given rise, of course, to great inconvenience and commercial loss. If the regulations which are now enforced at the Servian, Bulgarian, and Turkish frontiers were relaxed there is no reason why the Orient Express service should not be resumed, and efforts in this direction are, it is understood, being made on the part of Bulgaria.

There seems to be a good deal of doubt as to the accuracy of the reports about the alleged prevalence of an epidemic, supposed to be cholera, at St. Vincent. It has been publicly denied that any such disease has prevailed there, but *The Times* correspondent telegraphed recently from Lisbon that ships arriving from St. Vincent had to undergo quarantine at Portuguese ports.

THE PARIS ACADEMY OF MEDICINE AND THE CASE OF DR. HERZ.

(BULLETIN DE L'ACADÉMIE DE MÉDECINE, No. 44. *Séance* du 7 Novembre, 1893.)

THE following is a translation of the official report of the proceedings at the sitting of the Paris Academy of Medicine, M. Laboulbene, president, on Nov. 7th, when the first communication of the day was reached.

The President: M. Dieulafoy has the *parole* in order to communicate an official document.

M. Dieulafoy (reading): "Report on the illness of Cornelius Kerz, by MM. Brouardel and Dieulafoy."

M. Bouchardat: How does that concern the Academy?

M. Dieulafoy: Have I the *parole*, M. le Président?

The President: You have the *parole*, M. Dieulafoy; please continue.

M. Bouchardat: Then I must retire.

M. Dieulafoy: "Professor Brouardel and myself have the honour to lay before the Academy the report asked for by the President of the Council, embodying the results of the mission with which we were entrusted—that of ascertaining the state of health of Cornelius Herz." (Murmurs.)

M. Ernest Besnier: Why is this being read?

M. Dieulafoy: "In publishing this report *in extenso* our object is to counteract all rumours and misunderstandings which may be attempted to be substituted for the truth." (Murmurs.)

Several Members: The Academy has nothing to do with this business; it is a political question.

M. Ernest Besnier: Will some reason be given for this reading?

M. Magitot: Cornelius Herz in no way concerns the Academy.

The President: Proceed, M. Dieulafoy. You alone have the *parole*.

M. Dieulafoy: "Moreover, this publicity is justified by the example set us by our highly esteemed English *confrères*, who on many occasions, and quite recently in the *British Medical Journal*, have discussed with the most circumstantial details the diagnosis and prognosis of the illness of Cornelius Herz. What the English physicians have done we also are now about to do, and in entering on this path we place the present report under the patronage of this Academy of Medicine, which is the depositary of traditions of professional honour and of scientific good faith." (Murmurs.)

M. Larrey: I have already demanded the *parole*, M. le Président, and I again ask for it on a point of order.

The President: Since you insist, M. Larrey, I give you the *parole*.

M. Larrey: I may express at once my regret that two of our eminent colleagues, who are attached to me by fraternal sympathy, are persisting in involving the Academy in a subject which ought to remain quite foreign to it, not at all touching the nature of its labours. That is, moreover, the sentiment which seems to prevail in the meeting, since no official information, unless Ministerial, announces and explains this unlooked-for communication. I do not press this point, but I formally ask, in the name of the traditions of the Academy and by virtue of being its oldest member, that the present communication, wholly foreign to its work, be cancelled.

M. Javal: I demand the *parole*.

The President: I cannot give it to you. The question is one, I repeat, of an official communication, made in consequence of an official mission entrusted to two of our colleagues. It cannot give rise to any discussion.

Several Members: Why?

M. Ernest Besnier: There is no reason for such a communication being made to the Academy.

The President: I should add, moreover, that if this reading takes place it is not solely because your President has authorised it; the Council of the Academy has been consulted, and has decided that it should be read, in view of its urgency and in spite of its exceptional character. Please continue, M. Dieulafoy.

M. Ernest Besnier: Who is the Minister who has asked for this reading, and in what terms is the mandate if there be one? In any case it is plain that it shocks the sentiment of the Academy; that alone is sufficient to have it concluded forthwith.

M. Brouardel: The President of the Council of Ministers has recollected that the Academy was instituted to be consulted on questions of public health and on medico-legal matters. It is on this second ground that the President of the Council of Ministers thought that it would be well to communicate to the Academy the result of our mission to Cornelius Herz, so that no one may be ignorant of its purport. If the Academy does not wish to hear this document it will satisfy our honour as experts to have wished to make it judge of the manner in which our mission has been accomplished. When I saw M. Cornelius Herz the first time with M. Charcot we deemed it our duty to maintain an absolute silence on the results of our mission. We took no steps to answer in any way the allegations and charges which were brought against us, lest our observations might have had a dangerous influence on the state of the patient; but since then the English physicians in charge have published their reports in medical and political journals. They have allowed their patient to see all the hypotheses that we had deemed it our duty to frame. At the present time Cornelius Herz is collecting all these statements in a journal, where are to be found the reports on his health

which we ourselves had no desire to divulge. In such conditions we have thought that there would be no inconvenience in intervening publicly in our turn after the manner of our English *confrères*.

M. Gueniot: If the English physicians are wrong, is that a reason for imitating them?

M. Ernest Besnier: There is not in the present case any question of medico-legal science which requires the advice of the Academy, and our Society does not listen to the reading of a personal observation which infringes the rules of medical secrecy.

M. Brouardel: We thought—and the Government, on our express desire, has been of this opinion—that there was nothing inconvenient in loyally making known to our *confrères* the results of our mission; otherwise it is in France alone that one would not have wished to loyally examine in open day a question of essentially medical order which is disturbing public opinion. It will only be secret then so far as the Academy is concerned. (Prolonged murmurs.) With the concurrence of M. Dieulafoy I beg to withdraw our report.

The President: The incident is closed.

NILE RESERVOIRS.

IT has been announced that in February next an International Commission is to meet in Cairo for the purpose of considering certain projects prepared with a view to the creation of reservoirs for the storage of a portion of the Nile flood, which at present runs to waste in the Mediterranean. These project are of two kinds. That which finds most favour in official quarters consists in the construction of a series of enormous dams in the bed of the river itself. To this plan two chief objections are made, one being the danger of bursting, inseparable from all designs of this nature. With this, however, we are not strictly concerned. The second is a sanitary objection. Competent critics aver that the banked-up water would obviously and inevitably be unfit for drinking purposes, for the following reasons. In the first place all the pure flood water from Abyssinia would be allowed to pass through before the retaining sluices were closed; and, secondly, the retained stock—foul *ab initio*—would be continually subjected to further contamination. There can be no doubt that these objections are quite sound in principle, and it is to be hoped that they will be thoroughly weighed.

The second proposal to be submitted to the Commission is a plan for utilising an existing depression in the Raiyan valley, which was discovered by Mr. Cope Whitehouse. It is difficult to understand how an alternative project can be entertained for a moment in preference to this one. There are no objections whatever as regards the engineering side of the question, and to a sanitarian it is simply perfect. In the midst of pure desert air, far away from all danger of pollution, an immense lake—or inland sea—would be created, filled with, as it were, the cream of the flood, and capable of furnishing enough water to maintain a constant current in the Nile and all its branches throughout the whole of the dangerous season.

It cannot be denied that at present low-Nile water is poisonous. About two months ago we published an annotation, with a table,[1] in which the mortality at Damietta was favourably contrasted with that in thirty principal towns of Upper and Lower Egypt. It is well known to the readers of THE LANCET that in Damietta alone the inhabitants cannot drink the water taken directly from the Nile during the summer season because, owing to the absence of current, it becomes brackish from admixture with the sea. They store up a supply in cisterns at flood-time, Government providing in this way for the wants of the indigent classes. A similar state of things formerly prevailed at Rosetta, which used then to divide the honours for salubrity with its sister port; but in 1891 a high-level canal was opened, the public cisterns were left empty, and ever since an enhanced death-rate has shown the fallacy of so-called "economy."

There is no reason why Damietta should be less unhealthy than the rest of the towns in Egypt, except its peculiar water arrangements. The sanitary condition of the ruinous old town is generally admitted to be worse than the average. As is well known, it is a customary breeding-ground for epidemics. It is impossible, therefore, to avoid the conclusion that elsewhere the enormous summer mortality is owing to the impure water that the people are compelled to use.

[1] THE LANCET, Sept. 9th, 1893.

In the before-mentioned annotation we said: "Under these circumstances (the rise of the Nile) an improvement in the mortality returns may soon be looked for; but, of course, it will take some time before the poisonous effect of the low-season water ceases to make itself felt." The table now appended clearly shows how accurate was our prognostication. The Nile did not begin to rise seriously till the week ending Aug. 10th. During the five weeks prior to that date there were 5828 deaths in the thirty towns, a degree of mortality which unfortunately cannot be expressed in the usual way, since in Egypt the census is absolutely untrustworthy. Taken in 1882, during Arabi's rebellion, it was merely guesswork, and for all scientific purposes it has no value whatever. During the five weeks ending Oct. 19th, the Nile flood being then well established, the deaths amounted to 4262 only, which give a balance of lives saved equal to 1566, or upwards of 36 per cent. The table shows a remarkable contrast between Damietta and the thirty towns. During the second period, while matters were at their worst in the latter, 825 infants dying for each 1000 that were born, there was a considerable improvement in the cistern city, and during the last period there is a tendency towards disimprovement exhibited in the first two columns, while in the thirty towns the reverse may be noted. During the twenty weeks the average number of infants dying per 1000 births in the thirty towns was 682; in Damietta it was 302, considerably less than half.

1893. Week ending.	Thirty Chief Towns. Percentage of deaths under five years of age.	Thirty Chief Towns. Deaths under five years of age per 1000 births.	Thirty Chief Towns. Total number of deaths.	Damietta. Percentage of deaths under five years of age.	Damietta. Deaths under five years of age per 1000 births.	Damietta. Total number of deaths.	Height of the Nile at Rodah. Metres.
June 1st ..	60·7	681	1057	30·3	337	33	13·96
„ 8th ..	65·8	727	1156	34·6	225	26	14·02
„ 15th ..	65·9	756	1208	43·3	224	30	14·14
„ 22nd ..	66·8	836	1167	55·8	727	43	14·10
„ 29th ..	68·3	890	1173*	58·6	435	29	14·09
Averages & totals ..	65·5	778	5761	44·5	393	161	14·07
July 6th ..	70·6	841	1184	58·8	476	34	14.07
„ 13th ..	69·5	822	1143	61·9	448	21	14·19
„ 20th ..	69·7	818	1222	29·6	190	27	14·20
„ 27th ..	69·8	796	1150*	42·8	218	28	14·40
Aug. 3rd ..	75·7	853	1129*	57·4	413	21	14·65
Averages & totals ..	71·0	825	5828	50·1	349	131	14·28
Aug. 10th ..	70·3	739	1072	23·5	114	17	16·34
„ 17th ..	68·0	689	1018	46·6	304	30	17·77
„ 24th ..	70·3	668	1008	41·3	244	29	17·86
„ 31st† ..	—	—	—	—	—	—	—
Sept. 7th ..	66·0	580	980	47·0	163	17	18·13
„ 14th ..	65·4	548	865	60·8	297	23	17·98
Averages & totals ..	68·0	644	4952	43·8	224	116	17·61
Sept. 21st ..	65·5	551	896	56·0	311	25	18·18
„ 28th ..	62·4	484	873	54·1	276	24	18·24
Oct. 5th ..	65·3	469	823	57·8	323	19	18·38
„ 12th ..	63·6	462	855	64·2	204	14	18·27
„ 19th ..	61·8	450	815	57·4	107	16	18·53
Averages & totals ..	63·7	483	4262	53·9	244	98	18·32

* The Alexandria returns having failed in these weeks, an approximate average has been included in the totals.
† No returns.

THE LIVERPOOL NORTHERN HOSPITAL.

THE proposed erection of a new hospital on a site near to the present Liverpool Northern Hospital is an event of more than local interest. This was the second hospital to be founded and built in Liverpool, and it is still handicapped with all the disadvantages of a hospital out of date so far as modern improvements are concerned. The present Royal Infirmary

is the third which has been erected, and the Royal Southern Hospital occupies a site near to the old Southern Hospital, erected subsequently to its northern sister-hospital. Circumstances have arisen which will enable the committee and trustees of the Northern Hospital to have a new hospital erected on a most excellent site, provided that all concerned do their utmost to secure this. The following brief history of this hospital from its commencement to the present time will be of interest to readers of THE LANCET, many of whom have held office within its walls as resident medical officers.

It began, like many other large and important hospitals, in a very modest way. Up to the time of its starting in 1834 the Royal Infirmary was the only hospital in Liverpool. That further hospital accommodation was needed may be judged from the fact that at the census of 1831 the population of the town was 205,572, exclusive of an estimated number of 10,000 seamen. A house in Leeds-street, situated in what was then the northern part of the town, was taken, fitted up, and named the "Northern Hospital." It contained thirty-three beds and its institution was rapidly justified, casualties from the neighbouring docks and other sources of accident being taken there at once instead, of to the infirmary more than a mile distant. That many lives and limbs were thus saved cannot be doubted. But the town was increasing by "leaps and bounds," there had been added to the population upwards of 16,000 persons, and the cry was, "still they come." In 1845 the first Northern Hospital was abandoned and the present building occupied. It was not by any means such an erection as would be considered suitable for a hospital in these days, and though many improvements have been effected from time to time, these cannot remove the radical defects of the construction of the hospital. Still it has for many years done very useful work. Its situation has made it distinctly a surgical hospital, the number of fractures, dislocations, and injuries of all kinds being sufficient to keep the surgical wards fairly filled all the year round; but though the surgical patients predominate there have always been medical wards, the various ailments to which seamen are especially liable as well as the more general ailments which come before the physician being treated here. For many years past the hospital has been extremely fortunate in its administrative, its medical and its nursing staff. Being situated near to the Liverpool Exchange and other centres of commercial activity the members of the committee have been able to take a directly personal interest in the hospital, being, so to speak, almost on the spot, their proximity to the hospital enabling them to attend the meetings without loss of time or inconvenience. Among the honorary physicians may be mentioned Drs. A. T. H. Waters, N. E. Roberts, Turnbull, T. R. Glynn, A. Davidson, and R. Caton, and the present physicians, Drs. E. H. Dickinson and James Barr. Among the surgeons there have been Messrs. James Hakes and Reginald Harrison, and the present surgeons, Messrs. C. Puzey, Damer Harrisson, and A. H. Wilson. The nursing staff is most admirably organised, in spite of the inconvenient nature of the surroundings under which it has to be worked. The hospital has for nearly fifty years done a most useful work under circumstances of great difficulty, requiring the greatest tact and energy on the part of all concerned in its management. From its situation, which formerly justified its name as the Northern Hospital of Liverpool, it has, in consequence of the growth of buildings around it and for nearly two miles northwards, become practically a central hospital, the Royal Infirmary occupying an easterly position, and the Royal Southern Hospital being accurately described by its name, while the Stanley Hospital has practically become the northern hospital of Liverpool.

The hospital, however, which has been so long known as the Northern Hospital will retain its name, and it is satisfactory to learn that good days are in store for it, and that it will probably be represented before long by a new hospital with all the modern improvements erected on an enlarged and superior site so as to provide the patients with what they have never had—viz., suitable recreation grounds. The late Mr. David Lewis, who acquired a large fortune by trading successfully in Liverpool and elsewhere, left a large sum of money to trustees for the benefit of the working classes of Liverpool. The leading trustee is the Right Hon. Arthur B. Forwood, M.P., who with his co-trustee has been approached by the committee of the Northern Hospital with a view to aiding the latter in their difficulty. It is imperative that a new hospital should be erected, and it is no less imperative that the present hospital should continue its useful work until the new hospital is ready for the reception of patients. The committee have been met by the David Lewis trustees in a very handsome manner, the latter undertaking to build a new hospital should they succeed in acquiring the site of the present one at a reasonable price. On this site the David Lewis trustees purpose erecting artisans' dwellings. For the hospital a very suitable site exists sufficiently near to the present one to prevent any inconvenience to the public by its removal, and nearer to the river, which will greatly enhance its salubrity. It is greatly to be hoped that nothing will occur to interfere with so desirable an arrangement. A large sum will have to be contributed by the ever-generous Liverpool public. It is hoped that the city corporation, which made a handsome contribution towards the erection of the new Royal Infirmary, will act in a similarly liberal spirit to those who have the management of the Northern Hospital, the second oldest hospital in the city. In Liverpool, as elsewhere, there are local circumstances in connexion with such a scheme as the erection of a new hospital which, by involving conflicting interests, must cause jealousies and create difficulties. Every effort should be made to prevent and smooth away all these obstacles. It would be nothing short of a calamity to the Liverpool public, the committee, and the medical and nursing staffs of the hospital if so excellent a scheme for its reconstruction was suffered to fall through owing to any mismanagement.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

The Sanitary Condition of the Town of Amlwch, and Prevalence of "Fever" there.—The town of Amlwch is situated in the island of Anglesea, and, owing to a limited outbreak of what subsequently turned out to be enteric fever, Mr. Evan Evans was instructed to inquire into it and report thereon to the Local Government Board. As regards the general sanitary condition of the town there is not much to be said in its favour. There is a stream passing through its midst which, owing to the pollution it receives, is practically an open sewer, and from this some of the inhabitants derive their water for household cleansing purposes. Drinking water is obtained from dip wells sunk a few feet in the rock, and which are in numerous instances quite unprotected against surface pollution. Concerning these dip wells we read: "During dry weather there is great difficulty in obtaining a sufficient quantity of water from the dip wells, and the people hasten to these wells at the dawn of day, competing with each other to secure a day's supply." What the state of things is as regards the storage and removal of excrement may be gathered from the following somewhat realistic description. "For many of the smaller cottages there is not even an apology for a privy, and the male inhabitants have to resort to the fields; while the excreta of the old and infirm and of the women and children are passed into pails and have to be thrown on the refuse heap or into the neighbouring brook." That a rural sanitary authority should have presided over this district for many years and have allowed this state of things to persist is almost incredible, and the description seems to be more fitted for Tierra del Fuego than the United Kingdom. The outbreak of enteric fever presents a point of considerable interest, inasmuch as after the first case, which was imported, the disease spread, not through polluted water, as it might well have done, or by means of sewers or drains, which are both conspicuous by their absence, but by visiting and partaking of food in the homes of the sick. The first case was visited by two friends, who apparently partook of food in the house, and both contracted the disease. One of them lived in an isolated farmhouse where small quantities of milk were sold for the convenience of the neighbours. From this case six others arose, all the persons having visited the house and partaken of food there. It does not seem that the milk itself was instrumental in spreading the disease outside the farmhouse. One case is supposed to have arisen from the consumption of sweets which had been handled by a woman nursing her sick husband; and from the case so produced three others subsequently arose. One of the saddest occurrences in this little outbreak was the loss of

a member of our own profession, and although there seems to have been some difference of opinion as to the cause of death, the evidence pointing to its being enteric fever is very strong. The lesson to be learned from Mr. Evan Evans' report is that there is very considerable danger in partaking of food in a house in which a patient suffering from enteric fever is lying.

On Diphtheria at Usk, by Dr. THOMAS HORNE.—This is a carefully compiled report to the Local Government Board by one of their temporary medical inspectors on one of those prevalences of diphtheria the precise origins of which are so obscure. The outbreak occurred in the earlier months of this year, and, having regard to its antecedents, it may perhaps be assumed that the disease was imported from neighbouring districts, although Usk had not a clean record of its own as to diphtheria. Once imported, it became partly masked by names being applied to it other than diphtheria; school influence, so called, came into play, and led to multiple attacks in houses, and, apart from the closure of the school and the provision of certain disinfectants to such persons as might choose to ask for them, the sanitary administration of the district seems to have done nothing to stay the diffusion of the infection. The sanitary condition of the little Monmouthshire town was also found to be such that it would, to say the least, not facilitate the eradication of the disease. A faulty system of sewerage; wells sunk in a soil bound to be polluted, without precaution as to soakage of filth from the surface soil; privy pits sunk below the level of the surrounding ground, with their filth oozing from them; waterclosets trapped in the one form known to cause nuisance and danger to health—namely, by means of the "dangerous D-trap and container"; house slops trickling down cobble pitching near dwellings; houses without eave spouting, but with their floors composed of loose flags; an absence of any proper means for isolating first attacks of infectious disease: these and such like constitute the salient points referred to by Dr. Horne. Naturally, the Local Government Board have in issuing this report appended to it a number of recommendations, and it may be assumed that they will press strongly on the local board of this little fishing town the adoption of such measures as will protect the health of the inhabitants proper and make the place better adapted for those who, in seeking health and recreation, wish to combine their leisure with such sport as the fishing-rod may provide.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

St. Pancras Urban Sanitary District.—The general death-rate of the several subdistricts of St. Pancras during 1892 varied from 20·6 per 1000 in Kentish Town to 25·9 in Somers Town, and the infantile mortality from 137 per 1000 births in Camden Town to as many as 200 in the Tottenham-Court subdistrict. The total cost of the notification of infectious disease during the year was £246. Dr. John Sykes, in discussing the accommodation which it is necessary to provide at the new family shelter, points out that, on the assumption of temporary shelter during disinfection being required for all families occupying one room and for half those occupying two rooms, it would be essential to provide accommodation for 23,478 tenements. Having regard to this and to the number of notifications during 1892, Dr. Sykes estimates that if the shelter accommodates four families it should suffice for the present. The report under consideration contains two diagrams showing the accommodation provided at the St. Pancras shelter recently erected, and also the arrangements of the buildings for dealing with infected articles. A copy of the new by-laws recently made by the sanitary authority of St. Pancras with regard to the cleansing of cisterns, is embodied by Dr. Sykes in his report. As the result of an investigation undertaken by delegates from the St. Marylebone, St. Pancras, and Paddington Vestries into the condition of the Regent's Canal, and of the recommendations made by them, notices were served on the North Metropolitan Railway and the Canal Company ordering certain works of cleansing, scavenging and concreting part of the canal and basins to be undertaken forthwith. If the other sanitary authorities through whose districts the canal runs have issued and enforced similar orders a very material improvement ought to have taken place in the canal. An important advance has been made throughout the district in the matter of dust removal and disposal, a weekly collection from every house in the district being at the present time made.

County Sanitary District of Lanark.—Dr. James M'Lintock, medical officer of health for this county, has issued a very complete report of his district. In the matter of water-supply there is apparently a prospect of a great improvement shortly taking place, more especially in the middle ward, where a scheme to supply practically the whole of this part with water from Glengavel has just received the sanction of both Houses of Parliament. Great activity has been recently displayed, and substantial progress has been made throughout the county in the matter of hospital accommodation; as many as seven sites have been chosen, and arrangement made for the erection of some of the hospitals thereon. In connexion with this subject Dr. M'Lintock states that "when the hospitals are finished the county of Lanark will in this respect be one of the most fully equipped in Great Britain." Attention is drawn in the report to the nuisance and danger to health occasioned by Glasgow sending forth her privy and ashpit refuse by rail to all parts of the country. Dr. M'Lintock points out that during the emptying of these trucks at the railway sidings a most intolerable nuisance is often created, and he expresses an opinion—in which, by the way, he would find others to agree with him—that epidemics of infectious disease, especially diphtheria, are fostered by this means. Dr. M'Lintock promises a separate report upon the pollution of rivers in his district, and it is one which we shall await with much interest. In the middle ward there were two outbreaks of enteric fever, which appear to have had their origin in polluted water-supplies. During the year visits were paid by a subcommittee of the Joint Hospital Committee for the lower and middle wards to the infectious disease hospitals of Newcastle-on-Tyne, Leeds, and Salford, and a report upon the inspections was subsequently made to the Joint Hospital Committee. This tendency on the part of a hospital committee to make use of the facilities and experience afforded by existing institutions is a highly commendable one, and one which can only be taken proper advantage of where hospitals are erected, as they should be, in non-epidemic times.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR CALCUTTA FOR 1892.

We are always ready to welcome Dr. W. J. Simpson's reports because they usually give us a clear idea of the public health and progress of hygiene in the capital of India, together with a lucid discussion of the etiology and causes of any such diseases as fever or cholera that may happen to have been prevalent or epidemic. Of course the medical officer of health cannot avoid contentious matters in such discussions, but he generally knows his own meaning and how to state it, and the reasons on which it is founded; and the reader consequently obtains definite and clear impressions as to what were the dominating causes or factors of any diseases that may have prevailed according to Dr. Simpson's reading of the facts. The number of births recorded during 1892 is higher than during the previous three years. The annual ratio was 18·6 per 1000, which is the highest birth-rate since the town and suburbs of Calcutta were amalgamated. The death-rate was 29·6 per 1000, which is lower than that of the previous two years. Whilst the birth-rate in the suburbs for 1892 was the highest on record and the death-rate the lowest since the amalgamation, indicating that the health of suburban Calcutta had distinctly improved during that year, the public health of urban Calcutta, on the other hand, showed no improvement in 1892. The high mortality in Calcutta is mainly due to the great prevalence of fevers, which has been gradually rising during the last ten years. The medical officer of health adverts to the facts set forth in his previous reports as to the local insanitary conditions present in Calcutta—viz., to the unsatisfactory state of the underground drainage, by which the soil and subsoil are being constantly polluted, the crowding together of huts and houses, and, in suburban Calcutta, the increased water-logging of the soil from the introduction of the new water-supply without any provision for carrying off the waste water. The finances of India, as of other countries, are not in the firmest condition at the present time, and the provision of public sanitary works means money; but the medical officer of health, while congratulating the commissioners on the great sanitary improvements that have taken place within the past five years, since the amalgamation of the town and suburbs, is quite right to press the importance of these matters, for if soil pollution be only allowed to go on long enough it must inevitably lead to disastrous results as regards the public health, and no one can say how soon favouring

climatic conditions may bring this about. The most interesting part of the report at the present time, however, is probably that which deals with cholera. Dr. Simpson gives a table showing the cholera deaths from 1889 to 1892 in urban and suburban Calcutta and the beneficial effect which followed the introduction of the water-supply into suburban Calcutta in 1890; and he then proceeds to analyse and inquire into the causes affecting the prevalence of cholera in suburban Calcutta and Howrah in particular in 1892. In that year Howrah recorded, not only the highest number of cholera deaths for the past decade, but for any year since 1873, when registration was first introduced into that town; whereas the death-rate from cholera in suburban Calcutta had shown a very marked decline in 1892 and during the greater part of the preceding year. The dark-red belt, which previously in cholera maps surrounded Calcutta and served to mark out the suburbs as being peculiarly cholera-stricken, has disappeared. This could not be attributed to any differences in climatic or topographical conditions between Howrah and the suburbs, for these conditions remained the same in both. There is always a synchronicity between the cholera-rate of Howrah and that of suburban Calcutta. The natural tendencies of climatic influences in relation to cholera endemicity have always worked together in Howrah and the suburbs, but on this occasion something had evidently occurred to disturb the rhythm which formerly existed in the two areas. It had nothing to do with drainage, for there is no drainage. The only great difference now existing between the two areas, according to Dr. Simpson, is the presence of an agent in the suburbs which, wherever it has been introduced, has always been followed by a similar effect. This agent is a pure water-supply. In 1892 the suburbs of Calcutta had a fair supply of good, pure water, while Howrah had a tank supply, some of which was drawn from the river—from a source not above suspicion. It will be interesting to watch the medical history of these areas in the future in order to see whether these results are maintained. We have not space to follow the inquiry pursued by Dr. Simpson into the relation between cholera and tanks, or into the details connected with the question of importation and other matters embodied in his report, but we have said sufficient to indicate that it contains much information which is both interesting and instructive.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns 6355 births and 4254 deaths were registered during the week ending Nov. 11th. The annual rate of mortality in these towns, which had been 18·3 and 20·2 per 1000 in the preceding two weeks, further rose last week to 21·5. In London the rate was 21·4 per 1000, and almost corresponded with the mean rate in the thirty-two provincial towns. The lowest rates in these towns were 11·4 in Plymouth, 13·4 in Croydon, 15·0 in Huddersfield, 15·9 in Halifax, and 16·5 in Cardiff; the highest rates were 24·6 in Salford and in Newcastle-on-Tyne, 27·1 in Birmingham, 27·9 in Sunderland, and 28·5 in Wolverhampton. The 4254 deaths included 508 which were referred to the principal zymotic diseases, against 447 and 458 in the preceding two weeks; of these, 127 resulted from diphtheria, 99 from whooping-cough, 78 from measles, 73 from "fever" (principally enteric), 66 from scarlet fever, 50 from diarrhœa, and 15 from small-pox. No fatal case of any of these diseases occurred last week in Halifax; in the other towns they caused the lowest death-rates in Birkenhead, Portsmouth, Swansea, and Brighton, and the highest rates in Bristol, West Ham, Sheffield, Sunderland, and Norwich. The greatest mortality from measles occurred in Oldham, Wolverhampton, Sheffield, Burnley, and Norwich; from scarlet fever in Norwich; from whooping-cough in Hull, Plymouth, Huddersfield, and West Ham; from "fever" in Norwich, Hull, Derby, and Sunderland; and from diarrhœa in Salford. The 127 deaths from diphtheria included 103 in London, 5 in Manchester, 3 in Birmingham, and 3 in Newcastle-on-Tyne. Four fatal cases of small-pox were registered in Birmingham, 3 in Bristol, 3 in Bradford, 2 in London, 2 in West Ham, and 1 in Hull, but not one in any other of the thirty-three large towns. There were 151 small-pox patients under treatment in the Metropolitan Asylum Hospitals and in the Highgate Small-pox Hospital on Saturday last, the 11th inst., against 87 and 110 at the end of the preceding two weeks; 52 new cases were admitted during the week, against 25 and 30 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 3071, against 2758, 2778 and 2906 on the preceding three Saturdays; 484 new cases were admitted during the week, against 304, 401, and 460 in the preceding three weeks. The deaths referred to diseases of the respiratory organs in London, which had been 271 and 369 in the preceding two weeks, further rose to 410 last week, and were 11 above the corrected average. The causes of 86, or 2·0 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Croydon, Portsmouth, Bristol, Bolton, and in six other smaller towns; the largest proportions of uncertified deaths were registered in West Ham, Liverpool, Preston, and Gateshead.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 18·2 and 18·7 per 1000 in the preceding two weeks, further rose to 20·3 during the week ending Nov. 11th, but was 1·2 per 1000 below the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 14·9 in Aberdeen and 15·8 in Greenock to 20·6 in Perth and 22·8 in Glasgow. The 571 deaths in these towns included 19 which were referred to whooping-cough, 13 to diarrhœa, 11 to diphtheria, 10 to scarlet fever, 7 to "fever," 1 to measles, and not one to small-pox. In all, 61 deaths resulted from these principal zymotic diseases, against 64 and 52 in the preceding two weeks. These 61 deaths were equal to an annual rate of 2·2 per 1000, which was 0·4 below the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of whooping-cough, which had been 9 and 13 in the preceding two weeks, further rose to 19 last week, of which 16 occurred in Glasgow. The 13 deaths referred to diarrhœa showed a slight further decline from recent weekly numbers, and included 8 in Glasgow. The fatal cases of diphtheria, which had increased from 5 to 14 in the preceding three weeks, declined again to 11 last week, of which 7 occurred in Glasgow and 3 in Edinburgh. The 10 fatal cases of scarlet fever exceeded by 5 the number in the preceding week, and included 6 in Glasgow and 2 in Aberdeen. The deaths referred to different forms of "fever," which had declined from 17 to 5 in the preceding five weeks, rose again to 7 last week, of which 5 occurred in Glasgow. The deaths referred to diseases of the respiratory organs in these towns, which had been 116 and 103 in the preceding two weeks, rose again to 141 last week, but were slightly below the number in the corresponding week of last year. The causes of 46, or more than 8 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 20·6 and 26·8 per 1000 in the preceding two weeks, declined again to 26·7 during the week ending Nov. 11th. During the past six weeks of the current quarter the death-rate in the city has averaged 24·6 per 1000, against 19·1 in London and 18·1 in Edinburgh. The 179 deaths registered in Dublin during the week under notice were within one of the number in the preceding week and included 19 which were referred to the principal zymotic diseases, against 17 and 27 in the preceding two weeks; of these, 8 resulted from whooping-cough, 5 from diarrhœa, 4 from "fever" 2 from scarlet fever, and not one either from small-pox, measles, or diphtheria. These 19 deaths were equal to an annual rate of 2·8 per 1000, the zymotic death-rate during the same period being 3·1 in London and 1·4 in Edinburgh. The fatal cases of whooping-cough, which had been 2 in each of the preceding two weeks, rose to 8 last week, a higher number than in any week since June last. The 5 deaths from diarrhœa were within 2 of the number recorded in the preceding week. The deaths referred to different forms of "fever," which had been 8 and 10 in the preceding two weeks, declined to 4 last week. The 2 fatal cases of scarlet fever corresponded with the number in the preceding week. The 179 deaths registered in Dublin last week included 27 of infants under one year of age and 38 of persons aged upwards of sixty years; the deaths of infants showed a decline, while

those of elderly persons corresponded with the number in the previous week. Eleven inquest cases and 8 deaths from violence were registered; and 61, or more than a third, of the deaths occurred in public institutions. The causes of 11, or more than 6 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

MOVEMENTS IN THE MEDICAL STAFF.

THE following officers are under orders to return home from India: Surgeon-Major Asbury and Surgeon-Captains Marks and Allport. Brigade-Surgeon-Lieutenant-Colonel Maxham has been transferred from the Southern to the North-Eastern District, and Brigade-Surgeon-Lieutenant-Colonel Muir from Aldershot to the North-Western District. Surgeon-Lieutenant Hodges has been transferred to Castlebar, and Surgeon-Lieutenant Moore to Fermoy. Surgeon-Majors Murray and Creagh have embarked for Gibraltar and Bermuda, respectively, on return from leave of absence. Surgeon-Captain Thomas has landed at Gibraltar, where he is to fulfil a tour of service. The following officers have resumed their duties on the termination of leave: Surgeon-Captain Cocks, Colchester; Surgeon-Lieutenant Anderson Portsmouth; and Surgeon-Captains Philson and Dixon, Aldershot.

INDIA AND THE INDIAN MEDICAL SERVICES.

The Queen has approved of the retirement from the Service of the undermentioned officer: Surgeon-Major John Edward Ferguson, Bombay Medical Establishment (dated Oct. 23rd, 1893). The Queen has also approved of the transfer of the undermentioned officer to the half-pay list: Surgeon-Captain William Henry Martyn Ingham (dated Oct. 19th, 1893). The following postings are announced: Surgeon-Lieutenant-Colonel R. D. Bennett, A.M.S., to Lahore District, Meean Meer; Surgeon-Major R. E. Morse, A.M.S., to Lahore District, Meean Meer; Surgeon-Lieutenant B. H. E. Holt, A.M.S., to Bundelkhand District, Agra; Surgeon-Lieutenant J. Hennessy, A.M.S., to Nerbudda District, Jubulpore; Surgeon-Captain T. Birt, A.M.S., to Sialkote; and Surgeon-Lieutenant C. C. Fleming, A.M.S., to Quetta District, Quetta. The following postings of officers of the Army Medical Staff have been made in the Madras Presidency: Surgeon-Captain B. L. Mills to the Belgaum and Bangalore Districts, on arrival from England; and Surgeon-Captain J. F. Donegan to the Medical Charge of the Cantonment Hospital at Mallapuram. Surgeon-Colonel C. G. McVittie, Principal Medical Officer, Southern District, has been granted privilege leave for twenty-two days; Surgeon-Captain G. A. Bray, six months' leave to England on medical certificate; and Surgeon-Captain L. Way has been granted an extension until date of re-embarkation for Madras. The following medical officers of the Army Medical Staff, on arrival in the *Crocodile*, have been posted to the districts named below for duty: Surgeon-Major T. A. Dixon to the Quetta District; Surgeon-Captain B. L. Mills to the Belgaum and Bangalore Districts; Surgeon-Major G. B. Stanistreet to the Rawulpindi District; and Surgeon-Captain W. B. Leishman to the Lahore District.

NAVAL MEDICAL SERVICES.

The following appointments are announced: Staff-Surgeons: C. Pearson to the *Unicorn* (dated Nov. 8th, 1893), and M. Ronan to the *Devastation* (to date Dec. 5th, 1893). Surgeons: Henry B. Hall to the *Caledonia* (dated Nov. 8th, 1893), and J. M. France to the *Vivid*, additional (to date Dec. 5th).

HONOURABLE ARTILLERY COMPANY OF LONDON.

The Commission of Surgeon-Captain T. E F. McGeagh, M.D., is renewed under the provisions of the Royal Warrant, dated March 12th, 1889, with effect from Aug. 11th, 1893.

VOLUNTEER CORPS.

Artillery (Royal Engineers): 1st Devonshire and Somersetshire: Surgeon-Lieutenant C. L. Cunningham, from the 1st Sussex Volunteer Engineers, to be Surgeon-Lieutenant (dated Nov. 11th, 1893).—*Rifle:* 9th Middlesex (St. Giles's and St. George's, Bloomsbury): Arthur William Wigmore, Gent., to be Surgeon-Lieutenant, St. Vincent's Hospital, Dublin (dated Nov. 11th, 1893).

Surgeon-Lieutenant-Colonel F. G. Adye-Curran, F.R.C.S.I., who recently retired, has, it is reported, obtained a nomination to one of the surgeoncies at St. Vincent's Hospital, Dublin. Some years ago Surgeon Tobin, of the Army Medical Staff, Assistant Professor of Military Surgery at Netley, on retirement received a similar appointment.

THE MATABELE EXPEDITION.

With the political or purely military aspects of she Matabele-land question we have, of course, nothing to do, but we may nevertheless call attention to the fact that the health of the whole force composing the expedition has been remarkably good. Dr. Jameson reports, regarding that portion of it under Major Forbes and Major Allan Wilson, that "the medical men are enthusiastic about the health prospects. There is not a single sick man in the whole force except the wounded, and they are recovering rapidly."

GIBRALTAR DRAINAGE AND WATER-SUPPLY.

As our readers are probably aware, a scheme for the drainage and water-supply of Gibraltar has been for a long time under consideration. As regards the object in view all seem to be agreed, but the scheme itself, as originally brought forward, gave rise, we believe, to much discussion and opposition. Colonel Jelf, R.E., and Mr. James Smith, members of the Gibraltar Sanitary Board, will shortly appear before the Government Committee in London to discuss the proposed scheme, and they have left Gibraltar for that purpose.

SHORNCLIFFE CAMP.

A new military hospital is to be built for this camp, to replace the present old wooden hospital.

THE LATE OUTBREAK OF MALARIAL FEVER IN GUZERAT.

The *Times of India* calls attention to the outbreak of malarial fever in Guzerat last autumn, and to the fact that no adequate history of it has yet been given in any of the official records. According to a Government resolution on the administration reports of the Mofussil civil hospitals and dispensaries for 1892, the admissions from malarial fever reached the enormous total of 381,837, or over 70,000 in excess of those of the year before. The Government last September called upon medical officers and others to make all possible inquiries and observations in regard to this outbreak and embody the results in their reports; but our Indian contemporary very pertinently inquires whether it is not rather late in the day to institute an inquiry into an outbreak which occurred a year ago, and suggests that the Local Government Board in this country would have had the whole facts laid before them by a special inspector within six weeks of their occurrence. An outbreak of malarial disease, on such a scale as that which occurred at Guzerat, must have been attributable to exceptional climatic conditions or to some localised conditions of soil at the season of its prevalence, possibly aided by dearness of food or deficient crops; but we concur in thinking that investigations, if they are to have any good result, should be undertaken at the time and not delayed until even the recollection of the events has been dimmed or has altogether passed away beyond recall.

MAHOMEDANS AND HINDUS.

The new Viceroy of India will occupy a very arduous and responsible post at the present time with the unsettled state of the finances of India, the advances of Russia, and the religious strife that has arisen between the Hindus and Mahomedans. We do not think that people in this country realise the possible gravity of the last-named occurrence. Only those who have been in India can understand what the growth of "cow protection societies" may mean and how it may foster an antagonistic spirit between the two great races of that country. Medical officers, whether engaged in civil employ or doing duty with the native army, from their intimate knowledge of the people and of the strength of their religious and caste prejudices, will recognise, however, the great importance of putting a stop to the growth and development of any manifestations of religious animosity between the Mahomedans and Hindus, both of whom enter so largely into the composition of the native army, to say nothing of the general native population. It is clear that Lord Lansdowne, from the reports of his speech on the subject, is fully alive to its importance.

MEDICAL MAGISTRATES.—Mr. Richard J. Jones, L.F.P.S., L.M. Glasg., and Mr. Edward B. Evans, L.R.C.P., L.M. Edin, M.R.C.S., have been placed on the Commission of the Peace for the county of Merioneth and the borough of Swansea respectively.

Correspondence.

"Audi alteram partem."

BRITISH MEDICAL BENEVOLENT FUND.

To the Editors of THE LANCET.

SIRS,—For the first time for many years the committee of the British Medical Benevolent Fund found itself, at the monthly meeting on Oct. 31st, absolutely without the means of relieving the cases of distress brought before it, the financial honorary secretary reporting an actual deficit at the banker's. Various causes have contributed to this, the chief of which has been an increase in the demands upon the fund, £1604 having been already voted in grants this year as compared with £1657 during the whole of 1892; but the support accorded to the charity has also fallen off, partly through the prevailing depression, but also through the death of liberal donors, such as the late Mr. John Morgan, and of active honorary local secretaries like the late Sir George Macleod of Glasgow. Winter is upon us, and the help afforded by the fund will be specially missed at this season. Much suffering will have been already caused by the postponement of assistance, and unless the profession comes to the rescue there will be acute distress and actual privation in many families whose sole resource is this fund. The annuity department has prospered greatly, and the invested capital derived from legacies supplies annuities, mostly of £20, to nearly 100 aged members of the profession or their widows and unmarried daughters. It is the donation department, maintained by subscriptions and donations, the object of which is the relief of urgent distress, which stands in need of immediate assistance. £200 has already been borrowed from the annuity side and exhausted.

The members of the profession may again be reminded that all the offices are honorary and that no part of the money collected goes in salaries and office expenses. The fund, again, relies entirely on the kindness of the medical press to make known its needs and objects, and incurs no expenditure in advertisement. Finally, the applicants are not put to the pain and expense of publicity and canvassing for votes. An application, duly authenticated by signatures and letters from medical men, is sent in to the honorary secretary for cases, and it is brought by him before the committee at the meeting which takes place here on the last Tuesday in every month. The merits of each case are discussed, and a grant is made varying from £5 to £20, according to circumstances. In some cases this is sent direct to the applicant or to the medical man who has signed the recommendation, especially if he be an honorary local secretary; but as a rule it is found best to spread the grant over a year by means of monthly instalments, which are sent out through the Cheque Bank. The names of applicants who are over sixty years of age and in other respects eligible for an annuity are put down on the annuity list, and twice a year this is gone through by a special sub-committee, and the most necessitous cases are recommended to fill any vacancies which may have occurred during the previous six months. The annuities are all sent out in monthly instalments through the Cheque Bank, and this has been found to be of the greatest value to the recipients, the majority of whom are over seventy years of age, and many of them are failing in mind and body.

Contributions may be sent to Dr. Sydney Phillips, 62, Upper Berkeley-street, Portman-square, honorary financial secretary; Mr. E. East, 16, Upper Berkeley-street, honorary secretary for cases; or to myself.—I am, Sirs, yours faithfully,

W. H. BROADBENT.

84, Brook-street, Grosvenor-square, Nov. 13th, 1893.

"SOME POINTS WITH REFERENCE TO THE DIAGNOSIS AND TREATMENT OF TYPHOID FEVER."

To the Editors of THE LANCET.

SIRS,—In the very interesting lecture in THE LANCET of Nov. 11th upon the above subject Dr. Hood lays special stress upon his own convictions regarding the usefulness of alcohol in the treatment of this disease. "If I had the choice of one remedy only to assist me in the management of a case of typhoid fever, I should without a moment's hesitation select alcohol.....I have been accustomed to use alcoholic remedies with a free hand." These convictions are worthy of all respect, based as they evidently are upon clinical experience, and although I venture to dissent from them I make no sort of complaint of their full and fair expression. But Dr. Hood then goes on to protest against the practice of the London Temperance Hospital, which, he states, "exists for the treatment of all classes of disease without the use of any form of alcoholic stimulant." I am not connected with the Temperance Hospital, but I submit that this is an extreme statement of the objects of this hospital, which was established to bear testimony against the habitual and very extensive use of alcohol in hospitals, a practice now happily nearly obsolete. As I understand, its object is to protest against the routine use of alcohol in the treatment of disease and to submit the question of its value in therapeutics to scientific observation, no doubt with a strong belief on the part of the founders that it was generally needless or harmful. But, just as Dr. Hood's convictions as to the use of alcohol in all cases of typhoid fever are to be respected as the outcome of his own experience, so are the convictions of the physicians to the Temperance Hospital whose experience leads them generally to disuse it. Dr. Hood then quotes statistics apparently showing a larger mortality from enteric fever at that hospital than among cases under his own care at the North-West London Hospital in the same neighbourhood. The figures are small, and before they can be admitted as comparable it would be necessary to show that the cases were fairly alike as to diagnosis, age, condition of life, and locality. The Temperance Hospital derives, I believe, many cases from distant parts. It may be noted also that, had Dr. Hood chosen the twelve years preceding the six he has selected, the mortality would have been, not 20 or 29, but 12 per cent. only. I must, however, leave it to the medical officers of the hospital to deal with these records, with the full information at their command.

I now come to the most surprising part of Dr. Hood's lecture—viz., the concluding paragraph, in which he quotes the opinion of Sir William Jenner as supporting his own view of the use of alcohol in the treatment of this disease. Most of the readers of THE LANCET are familiar with the classical lecture, first appearing in THE LANCET of Nov. 15th, 1879, and since republished by Sir William Jenner with other lectures, in which the great clinical teacher points out in his usual judicial manner the advantages and defects of this means of treatment and lays down the indications for the use of alcohol and the contra-indications, finally putting the cautions and limitations in a very forcible way. But Dr. Hood in his quotations gives only the sentences which support his own views—the advantages without the defects and the indications without the contra-indications—and passes over almost entirely the cautions and limitations on which Sir William Jenner lays such especial stress. Allow me to supply a few of the sentences which Dr. Hood has omitted, and which I venture to think put a totally different complexion on the expressed opinion of Sir William Jenner (I quote from the above-mentioned number of THE LANCET): "Alcohol should never be given in the early stage of the disease, or with the hope of anticipating and so preventing the occurrence of prostration and debility, but should be prescribed only when the severity of special symptoms or the general state of prostration indicates its use. Hence a large number of cases of typhoid fever end favourably without alcohol being prescribed from the beginning to the termination. It should not be prescribed when a sudden gush of blood has produced faintness, unless the faintness is so great as to threaten life immediately. Nor should it be given when, after the first few doses, the temperature rises, the heart's action becomes more frequent or more feeble, delirium increases, sleeplessness supervenes, or drowsiness deepens, so as to threaten to pass into coma. When the urine contains a considerable quantity of albumen, alcohol should not be prescribed unless absolutely necessary for the relief of some symptom immediately threatening life, and then it should be given with the greatest caution. ..... The quantity of alcohol prescribed should be as much only as may be necessary to effect the object for which it is prescribed. ..... Taken in excess—even when in smaller quantities it would do the patient good—it dries the tongue, muddles the mind, or induces delirium or drowsiness approaching to coma, and diminishes the action of the secreting organs, on the healthy action of which the elimination of the materials destroyed by the action of the fever poison depends. For the last thirty years I have made

it the rule of my practice in the treatment of typhoid fever to abstain from giving alcohol if, in the case before me, I *doubted* the wisdom of giving it; when in doubt I do not give alcohol in typhoid fever, and when there is a question in my mind of a larger or smaller dose I, as a rule, prescribe the smaller. ..... It should only be given for purposes of attaining a definite object, its effects should be watched, and the dose so regulated as to attain the desired effect from as small a quantity as possible."

The question is one of the greatest interest to all who are concerned in the treatment of fevers. My own experience of practice, modelled originally on Sir William Jenner's views, has led me to believe that alcohol is of very limited use in enteric fever. The true place of this potent drug in the treatment of fever has, perhaps, yet to be defined. The pendulum is apt to swing in a wide arc in these matters. My object in writing is to remind the readers of THE LANCET that there is another side to that presented in Dr. Hood's very interesting lecture, and in particular to show that Sir William Jenner's authority is not to be quoted in support of a large or frequent use of alcohol in enteric fever.

I am, Sirs, yours truly,

Finsbury-square, E.C., Nov. 13th, 1893. R. HINGSTON FOX.

To the Editors of THE LANCET.

SIRS,—As one of the physicians of the London Temperance Hospital I feel bound to notice the adverse criticism of Dr. Hood on the treatment of typhoid fever without alcohol, especially as the largest share of these cases was under my care. I can only be responsible for my own cases, and on examining the published reports to which Dr. Hood refers I find that I treated thirty-three cases with five deaths; but on looking at the cases I find that one fatal case died on the second day after admission, and by every canon this case ought to be excluded. This leaves four, of which one died from hæmorrhage, two from perforation and peritonitis, and one from double empyema. As far as I am concerned, therefore, Dr. Hood's criticism does not apply. My experience, too, is that with non-alcoholic treatment one does not find the nervous prostration so often or so great, in spite of the opinion of Sir William Jenner, which he quotes. Having had the misfortune to have had seven cases in my own household at one time, all recovering without alcohol, I may claim to have had the courage of my conviction that, other things being the same, a patient treated without alcohol has the better chance of recovery. The number of cases Dr. Hood cites does not admit of a sound deduction, but I am confident that time and experience will show the wisdom of allowing nature to cope with the disease without the use of a drug which tends to narcotise the patient and probably promotes the vitality and growth of the bacilli.

I am, Sirs, yours truly,

Nov. 14th, 1893. J. J. RIDGE.

To the Editors of THE LANCET.

SIRS,—I have read with much pleasure Dr. Hood's able address on the above subject in THE LANCET of Nov. 11th. With regard to the treatment of this disease, on reference to my notes of cases while at the Stockwell Fever Asylum, extending over a period of five years, and also for upwards of two years at the Leicester Infirmary and Fever House, I can endorse Dr. Hood's statement concerning this disease in its constipated form, the indication being that as a rule such cases do the best. The remedy that I place foremost in the treatment of typhoid fever is opium. By this drug the nerve and bowel rest, and two important factors in the management of the case are assisted. There are few, I fancy, of those who have had experience in this disease who are not convinced of the importance of the wise exhibition of alcohol, particularly brandy, and the avoidance of purgatives.

I am, Sirs, yours truly,

St. Leonards-on-Sea, Nov. 13th, 1893. SAMUEL LEE, M.D.

THE LATE SIR ANDREW CLARK.

To the Editors of THE LANCET.

SIRS,—The lamented death of Sir Andrew Clark, occurring as it did with such startling rapidity and while he was in the midst of his work, has cast a shadow over the medical profession; but this shadow will be the deeper over those whom he taught as students, and to whom he always held out the helping hand of friendship. Many of us can recall how our late master while weighed down by his crushing work always found time to encourage and to assist an old London Hospital man. This is, however, only the utilitarian aspect of our loss, and unworthy to be placed on a parallel with the high example Sir Andrew Clark always set before us. On one occasion he said to his students, "A man prospers in our profession either by his popularity with the public or with the profession, mayhap by both; but believe me, gentlemen, the best way to the pockets of the rich is through the hearts of the poor." He was successful in winning fame by the three adjuncts. There never was a man who had the attributes of enthusiasm, sympathy, and gentlemanliness developed more strongly than he for whom we all mourn.

Many of us can remember Dr. Andrew Clark (as he then was) coming with regularity to the hospital, and we can recall how his almost boyish enthusiasm would brighten up the dullest subject. He would grow almost poetical over a pleuritic effusion, and he could throw a halo of interest around the most ordinary and trivial circumstances of life—high qualifications in a teacher, but far more important in a consulting physician. There is not a man in the medical profession who has not many a time been aware of the beneficial effect on the patient after a "consultation with Clark." Then his sympathy, how true it rang. How the costermonger's wife from Whitechapel would receive from his hands all the courtesy and kindness and delicacy which every man owes to every woman; after all, it is the work done in the wards of a hospital which gives the keynote to a medical man's character. Any of us can smile and say smooth things when there is a fee floating about, but it requires the spirit of a professional gentleman to work hour after hour in the wards of a hospital without reward. Sir Andrew Clark was the professional gentleman in the largest and truest sense of the words—gentle to all women and children, strong in resisting wrong, and manly in his dealings with the world. I have always thought that the rapidity with which he achieved success has robbed the profession of much which we would fain possess; for his success was truly phenomenal. There was about him a wonderful adaptability to the physician's life; his finger seemed to adjust itself to the thorax, when percussing, with a flexibility which is seldom seen. It is probably impossible to convey to others an accurate idea of the personality of a human being. The first picture which I had of Sir Andrew Clark was in November, 1866, when I saw him in the operating theatre of the London Hospital. He was giving a lecture on "Unabsorbed Pneumonic Deposit." The picture was to my mind an impressive one. The ease with which the subject was handled, the dramatic sense of the speaker, the bright enthusiasm, the sturdy but graceful figure—these will always linger in my remembrance; they will recall the memory of a most attractive personality, a patient and kind teacher, and one of whom I can honestly say: "Quales neque candidiores terra tulit, neque quos me sit devinctior alter."—I am, Sirs, yours faithfully,

Prince's-st., Cavendish-sq., W., Nov. 5th, 1893. T. ROBINSON.

"THE TEACHING OF ANATOMY—ITS AIMS AND METHODS."

To the Editors of THE LANCET.

SIRS,—I have been perusing with much interest Mr. Cooke's letter which appeared under the above heading in THE LANCET of Nov. 4th, and to my mind it does seem that a good knowledge of practical anatomy is the basis upon which students should be called to study if they propose to enter upon general practice as practitioners; but if they aspire to a university career, in order to become graduates or surgical Fellows, then they should be compelled to devote considerable attention to general anatomy as well as practical, in order to qualify themselves for the higher appointments in surgical or medical practice. Owing, no doubt, to the comparative scarcity of subjects for dissection at the present day students now do not seem to undertake such work so readily as in times gone by. I admit that a sound knowledge of anatomy (especially practical anatomy) is most desirable to possess; but at the same time it must be considered that students now have much to learn, and to those not overgifted as regards memory the task of acquiring general anatomy from special reading is difficult, and that it is, in a great measure, forgotten by them soon after receiving their

diplomas. At examinations, which ought to be thoroughly practical as they are now conducted, a large percentage fail owing to the time given to anatomical subjects, many parts having to be committed to memory before the students can present themselves for examination. Mr. Cooke is right in stating that a good, honest dissecting book (not one for cram) is essential. The object of a student is to see as much practical work as possible during his time at hospital, particularly as he has now to pass a portion of his work at fever, ophthalmic, and lying-in institutions.

I am, Sirs, yours truly,

SPENCER T. SMYTH,
M.D., L.R.C.P. Lond., F.R.C.S. Eng., &c.

Southampton, Nov. 9th, 1893.

NEPHRECTOMY FOR HYDRONEPHROSIS.

To the Editors of THE LANCET.

SIRS,—The late hour at which Mr. Bland Sutton's excellent and erudite paper on the above subject was read at the last meeting of the Medical Society prevented many from taking part in its discussion, and much regret was felt that it was found to be impossible to adjourn the meeting, a course which the importance of the subject and the merits of the paper certainly deserved. It appears to me that in cases of hydronephrosis a better attempt should be made to find out what is the cause of the obstruction, and that our aim should be directed to removing this cause and endeavouring to restore the patency of the ureter before applying the more severe and drastic measure of removing the kidney, which is not, after all, the *fons et origo mali*. Then, again, it would be most instructive to have a complete after-history of a series of cases where nephrectomy has been performed; for it does seem to me that should a patient in whom this operation has been performed become in after-life the subject of some grave disturbance, say pneumonia, his chances of recovery will be very much minimised by the previous removal of one kidney; and I think it behoves us as surgeons to look to the remote as well as to the immediate after-effects. These remarks are not penned to deprecate in any way the operation of nephrectomy, which when skilfully performed is no more immediately dangerous than ovariotomy; but rather, as I have stated, they are an effort—feeble. I am afraid—to direct more attention to the pathological side of the subject.

I am, Sirs, yours faithfully,

EDWARD COTTERELL.

West Halkin-street, Belgrave-square, S.W.

"THYROID SECRETION AS A FACTOR IN EXOPHTHALMIC GOITRE."

To the Editors of THE LANCET.

SIRS,—Living, as I do, within a few hundred yards of the birthplace of "Thyroid Extract," I have naturally followed with interest the greater part of the literature of the subject, and I should like, with your permission, to make a few observations upon its latest development as expressed in Dr. George Murray's paper in THE LANCET of Nov. 11th. It is now nearly a year ago that, addressing a number of students at the Northumberland, Durham, and Newcastle Infirmary for Diseases of the Eye, I pointed out that in Graves' disease there existed a malady which might possibly have some connexion with perverted or diminished thyroid secretions, and that some altered condition of the blood might be the initial symptom which led to the neurotic troubles which are obviously the active and immediate cause in producing two out of three of the principal groups of symptoms which characterise this strange malady—viz., the ocular and cardiac derangements.

I pointed out how in all probability the change would lie in the direction of a suppression of the secretion and emphasised the views I took by exhibiting a case in which, whilst there were well-marked ocular and cardiac symptoms, there was not only a complete absence of thyroid enlargement, but, I should say, rather a tendency to its atrophy; and I further stated that such apparently exceptional cases were by no means very uncommon. I dwelt upon the more frequent hypertrophied condition of the thyroid as indicating a diseased condition, and one in all probability connected with impaired functional activity, and I pointed out the difference which accrues to an organ from physiological and pathological enlargement. I further drew a contrasting picture between the symptoms of myxœdema (of which we had a slight case in the wards) and Graves' disease, and tried to explain how in all neurotic troubles which were the sequelæ of blood-poisoning the incidence on the part of the nervous system attacked was often dissimilar for the same poison, illustrating this by the effects of certain well-known inorganic and organic toxic agents. The possibility of an increased thyroid secretion in these cases was negatived on the preceding grounds, and the illustrative case was, and is still being, treated with thyroid extract. The patient has certainly to some extent improved—whether *post hoc* or *propter hoc*, medical philosophers will differ. It is, however, tolerably certain that in this case the malady cannot be due to an increased thyroid secretion circulating in the blood, or the ingestion of considerable quantities of thyroid extract (twenty grains a day) should have materially aggravated her symptoms or produced some of those distressing sequelæ of thyroid poisoning which Dr. Murray speaks of, but which I think must be rare except where the remedy is given by subcutaneous injection, and then, perhaps, are as much due to the method as to the material. We are now passing through an era of animal therapeutics, and it behoves all to relate their experience with these remedies, whether in favour, neutral, or adverse.

They say that history repeats itself, and this is the case perhaps also with therapeutics. If Shakespeare had lived in our day he might possibly have modified the incantation of the Witches in Macbeth to read as follows:—

Thyroid of a black-faced sheep
In the cauldron boil and steep,
Brain of pig and spine of dog,
Testes of lascivious hog,
Pancreas of white-faced calf
Plunge in the mysterious bath;
Double, double toil and trouble,
Fire, burn, and cauldron, bubble!
Medulla of a rabid bitch
Lain a fortnight in a ditch,
Bacillus of an anthraxed rat,
Cocci grown in putrid blood
Will make the spell both strong and good.
Double, double toil and trouble,
Fire, burn, and cauldron, bubble!

I am, Sirs, yours truly,

C. S. JEAFFRESON, M.D. St. And., F.R.C.S. Edin.

Newcastle-on-Tyne, Nov. 11th, 1893.

A CASE OF NEPHRORRHAPHY.

To the Editors of THE LANCET.

SIRS,—I have narrowly watched the rise and decline of this operation, because it is one which I distrusted from the first; and, though I have done a few at the urgent solicitation of colleagues and have watched several cases where the operation had been performed by other surgeons, I have yet to meet with a case where real benefit was conferred by an artificial fixing of a movable kidney to the abdominal wall. On the subject of movable kidney I have only to repeat what I said years ago: that I have never met with a movable kidney whose mobility was the only pathological condition. I have now been confronted with three dissecting-room specimens to prove (what I have never disputed) that kidneys do—very rarely—possess remarkable mobility by reason of the possession of abnormal mesonephra. But that is not a pathological condition or one which, by itself, would ever require surgical interference.

Every enlarged kidney becomes in its process of growth more than normally movable, and I have seen a very large number of diseased kidneys in the early stage of their enlargement where the mobility was the condition most apparent; but careful examination always determined the presence of coincident enlargement. I have just received a fully detailed account of the post-mortem examination of a patient sent to me about four years ago from America for the purpose of having this operation performed. The conclusion had been determined by at least half a dozen of the most distinguished and experienced of our transatlantic colleagues that the patient's sufferings were due to a movable right kidney; but it seemed to me that the patient was suffering from the early stage of tubercle with some hepatic enlargement, and I entirely refused to operate. My patient's disappointment was great, and he begged of me to consent at least to make an exploratory incision. This I did on May 1st, 1890, and found no reason whatever for meddling with the right kidney; but I found, as I anticipated, that the right lobe of the liver was enlarged, that

it extended a considerable distance below the edge of the ribs, and that it had given rise to the mistaken feeling of a "movable kidney." The patient recovered and went home, and I heard from him that an operation was performed in America for "floating kidney" in January, 1892. He died in September last, and the post-mortem record gives the following amongst many changes: pyothorax and pulmonary tubercle, caries of five dorsal vertebræ (eighth to twelfth), with complete destruction of one; the right kidney was practically normal, save for some small tuberculous spots and its artificial anchorage; and there were prostatic abscess, nutmeg liver, mesenteric tubercle &c. We so rarely get a complete history of cases of this kind that I feel that the above record is a most valuable one, casting a light on many failures I have met with in this operation. There can be no doubt now that my general view of the condition of the patient was a correct one, though I missed, as everyone else did, the fact that the symptoms localised over the right kidney were due to the early stage of dorsal caries and the formation of an abscess which ultimately burst into the right pleura. Certain it is that I was quite justified in refusing to perform nephrorrhaphy in 1890, and its performance in 1892 has been proved to be quite useless. The greater interest attaches to the case in that the patient was himself an experienced physician.—I am, Sirs, yours faithfully,

LAWSON TAIT, F.R.C.S.E. &c.

The Crescent, Birmingham, Nov. 12th, 1893.

"THE SO-CALLED 'PARASITIC PROTOZOA' OF MAMMARY CARCINOMA."

To the Editors of THE LANCET.

SIRS,—I shall be glad if you will allow me to bring forward two or three points which occur to me on reading Dr. Snow's paper on the above subject in your issue of Nov. 11th. As regards the rarity of cancer in comparatively young persons, I do not think it is quite so extreme as stated by Dr. Snow. I am acquainted with a case of mammary cancer in an unmarried woman aged thirty-three, who is in comfortable circumstances, and in whose family history most careful inquiry has failed to elicit any evidence of hereditary taint. "A spontaneous cure is unknown," but not inconceivable, if we consider that portions of cancers are sometimes so fibrous that the cells are quite unrecognisable as "cancer cells," and also that such portions are sometimes as completely calcified as an old tuberculous nodule. This cicatricial process, which is known to occur in certain parts of cancerous tumours, may not improbably in some cases occur throughout the whole of a tumour and so destroy its malignant properties. Dr. Fagge[1] mentions a case of fibrous thickening of the pylorus, which would not have been recognised as cancer except for the presence of secondary nodules in the liver. Dr. Payne[2] has seen specimens of "fibrous induration of the pylorus, in which no cells could be discovered in the part examined. The probability is that such a mass is the scar of a cancer." Of late years evidences of healed tubercle have been found in the bodies of persons who have died from other diseases with a frequency which would formerly have been looked upon as impossible. A careful search for evidences of healed cancer in the post-mortem room might result in a like revolution in traditional opinion. There are many pathologists better qualified than I am to point out how the coccidia-like bodies of cancer can be distinguished from nuclear and protoplasmic degenerations. I may say, however, that the parasite-like bodies can certainly be seen and differentiated from other structures without over-staining preparations; they can, indeed, be seen in unstained preparations. Among Dr. Snow's figures there is not one which would be accepted as an illustration of a typical parasitic body by anyone who has devoted special attention to these structures. Why do the epithelial cells proliferate and invade parts of the body in which they normally do not occur? Neither in Dr. Snow's "Cancers and the Cancer Process" nor in any of the standard works which I have seen is this question satisfactorily answered. This being the case, an inquiry into the etiology of cancer and the possible connexion of micro-parasites therewith undoubtedly lies within Dr. Snow's "domains of cancer pathology in which valid work remains to be done."

I am, Sirs, yours truly,

Nottingham, Nov. 14th, 1893. CHAS. H. CATTLE.

[1] Principles and Practice of Medicine, second edition, vol. ii., p. 357.
[2] Manual of General Pathology, p. 319.

"WHERE THERE'S A WILL THERE'S A WAY."

To the Editors of THE LANCET.

SIRS,—Another great man has fallen. He has gone down without taking time to "adjust his mantle ere he fell." The career of Sir Andrew Clark fully verifies the saying, "Where there's a will there's a way." Sir Andrew Clark's will was strong and he made a way for himself under circumstances which would have militated against advancement in most instances. He began life, as he said himself, without knowing he had parents. Of course, that meant too clearly that in early life favourable prospects were distant, probably not far outside the range of impossibility. Notwithstanding the infelicitous condition of Sir Andrew Clark's early life, his will and his talents placed him in the foremost position in the medical world before his too early death took place. All Scotsmen are proud of Sir Andrew Clark, whether they belong to the medical profession or not.

At this particular time it may not be inopportune to recall the early and latter history of another medical man from Scotland who also attained high position, and who began life under circumstances as humble as could well be imagined. Sir William Burnett, who was born in Montrose towards the end of the last century, began his professional life as surgery boy to Dr. Hunter, a practitioner in that town. Part of Willie Burnett's duty was to take charge of his master's horse. After occupying this position for a certain period he proceeded to Edinburgh and attended medical classes. As the time arrived when he might have obtained a diploma he was not fortunate enough to possess the stipulated number of certificates of attendance; his scanty funds were exhausted, and he had not even means sufficient to carry him back to his native town. But, as said before, "Where there's a will there's a way." William Burnett enlisted as a common seaman and went on board a transport lying in Leith Roads. During the tedious voyage to the Nore he made himself known to the surgeon of the ship and with diffidence told him that he knew something of medicine—in fact, gave him his history, and said he might be of some service to him. The surgeon did find him exceedingly useful, and when he gave place to another on arrival at the Nore, he told his successor that he would find that Burnett could be of great use to him and advised him to take advantage of his medical abilities as he had done. After some time a commission as surgeon's mate was obtained by the young man. This was a commission in existence at that time for which a medical diploma was not necessary. After becoming possessed of the needful means young Burnett obtained leave of absence, attended classes, and obtained his diploma. After the struggles narrated, and, no doubt, many more in after-life, although of a different nature, Willie Burnett, as he was familiarly called, became Sir William Burnett, Director-General of the Navy Medical Department. I am, Sirs, yours faithfully,

D. J.

"PROPOSED NEW MIDWIFERY PRACTITIONERS."

To the Editors of THE LANCET.

SIRS,—With reference to Dr. Rentoul's letter, which you published in your issue of the 11th inst., respecting the advertisement of Queen Charlotte's Hospital, I am instructed to inform you that on Oct. 9th the Committee of Management gave directions that the wording of the advertisement in question should be altered.—I am, Sirs, yours faithfully,

G. OWEN RYAN, Secretary.

Marylebone-road, N.W., Nov. 15th, 1893.

QUACKS.

To the Editors of THE LANCET.

SIRS,—If medical men can only sink for a short time their bickerings and jealousy and pull together for once, they have now a unique opportunity of putting a speedy end to the vile tribe of advertising quacks. The recent disclosures have caught the attention of the public and have roused public feeling. The principal daily papers call for a change in the law. Let us strike the iron while it is hot and approach the Government (which includes an eminent physician) and endeavour to induce it to pass a short Bill amending the Medical Act and forbidding

unqualified practice. Such an opportunity may never come again, as the public mind is notoriously fickle, and these disclosures will soon be forgotten. I think the gratitude of the profession is due to Dr. Hugh Woods for the able and courageous manner in which he worked up the Indian cases. They are bound to do good, though a conviction was not obtained owing to the state of the English law. Dr. Woods in one year has done more to protect and advance the interests of his profession than such bodies as the General Medical Council have done during the many years of their sleepy existence.

I am, Sirs, yours truly,

JOHN P. HENRY, M.D., B.S.

High-street, Lewisham, S.E.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

The Lord Mayor and the Children's Infirmary.

THE Right Honourable W. B. Bowring, the newly elected Lord Mayor of this city, visited the Infirmary for Children on Sunday last, following the example of his predecessors in the mayoral chair for some years past. His lordship, who was received by the members of the committee of the medical and surgical staff, went through the wards and expressed himself as greatly pleased with all the arrangements and with the spotless cleanliness and general air of comfort and convenience about the place.

Bequests to Liverpool Medical Charities.

Under the will of the late Mr. C. E. Horsfall the following institutions will benefit by the sums named: the Royal Infirmary, the Northern Hospital, the Royal Southern Hospital, the Children's Infirmary, and the dispensaries, £800 each; the Eye and Ear Infirmary, the Home for Incurables, the Ladies' Charity, and the Nurses' Home of the Royal Infirmary, £500 each.

Nov. 14th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Outbreak of Influenza in the North.

SINCE I last wrote there has been a remarkable outbreak of influenza in Newcastle, Sunderland, and other large northern towns. In Newcastle, so far, the brunt of the attack has fallen on the Jesmond, the north-east, or well-to-do end of the city. In the east-end and the west-end, mostly occupied by mechanics, the cases are not so numerous in proportion or so severe. In Sunderland and South Shields the affection seems to be well diffused. I regret to note the death from pleuro-pneumonia following influenza of Mr. John Whitehouse, surgeon, of Sunderland, which occurred on the 7th inst., at the early age of thirty-seven years. Mr. Whitehouse, who was a native of Birmingham, came to Sunderland about ten years ago. He first joined Mr. Barron, and after that gentleman had left the town he entered into partnership with Dr. Maling. Mr. Whitehouse was hon. surgeon to the Sunderland Infirmary.

The Small-pox Epidemic at Leadgate.

It was reported by Dr. George Renton at the last meeting of the Leadgate local board that the small-pox outbreak in that town and its vicinity was reported to be of a very serious type. Twenty-six cases had occurred and two deaths, both females. Dr. H. M. L. Wilson, Government inspector, has been directed to make an inspection of the district.

Carlisle and the Borders.

The "merrie city" of Carlisle was *en fête* last Wednesday on the occasion of the opening of Tullie House, a very fine old mansion of historical and Border interest, which by the liberality and public spirit of the citizens and corporation of Carlisle has been reconstructed and converted into a hall of science, art, and literature. The building comprises a reference library, reading-rooms, picture galleries, museums of natural history, and antiquities, together with class-rooms, painting-rooms and lecture-rooms. The whole will afford high educational advantages to the youth of the city. Considering that Carlisle is a small city, numbering about 40,000 inhabitants, it speaks well for its "burghers" that they have been willing and able to devote upwards of £20,000 for the purchase and the furnishing of Tullie House.

Newcastle-on-Tyne, Nov. 14th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENT.)

Edinburgh Health Lectures.

PROFESSOR MCFADYEAN delivered his second lecture on "Diseases of Animals Transmissible to Man" on Saturday last. Professor Chiene occupied the chair. This lecture was devoted to animal parasites in man acquired by means of meat. He dealt first with the trichina spiralis and pointed out that, while man acquired it from the pig, the source of infection for the pig was not so certain, although there was evidence to show that it might be acquired through the rat, for rats were frequently affected with trichinæ. Part of the protective measures against this disease lay with the sanitary authorities, but in this country the preventive most to be relied on was thorough cooking. A temperature of 140°F. was necessary for this, and that temperature had to penetrate into the centre of the meat to make it quite safe. Human trichinosis was rare in this country but it was not a comforting thing to know that the disease was common among American pigs and that living trichinæ had been discovered in hams imported from the United States. He next dealt with tapeworms and bladder-worms, which were among the commonest of the parasites of man and the domestic animals. He described the habits and life-history of these. The measly flesh of the pig infected man with one form of tapeworm, while another was due to eating beef. He then referred to the tapeworms in the dog—the tænia serrata, which had occasionally been met with in man, and the tænia canina, which gave rise to hydatids in him. Hydatid disease was not common in this country, but in Iceland, where dogs lived in such close contact with the people, one person in seven was affected with hydatids. A temperature below the boiling point was believed to be sufficient to kill the bladder-worms of measly pork, but experiment had shown that even three hours' boiling did not raise the centre of a ham of ordinary size to the killing point of bladder-worms. The safest guide in the matter of boiling was the appearance of the flesh at the centre of the ham or joint. There was reason to believe that thorough salting killed any bladder-worms that might be present in pork or beef, but it was by no means certain that so-called "mild-curing" was sufficient to remove all danger. The duty of sanitary authorities in this matter lay in taking reasonable measures to prevent measly pork or beef from finding its way into the market. No such precautions worthy of the name were taken in any town or city of this country. It was a safe statement that under present regulations a score of animals affected with bladder-worms might any day be slaughtered in London, Edinburgh, or Glasgow, with little risk of the disease being detected. This was not a creditable state of things, but it was well that the public should know how matters stood. If tapeworm was not common in this country among human beings that was owing to the prevailing custom of cooking food fairly well and to hydatid disease not being very common in British cattle and pigs.

The Election of Lords Rector of Edinburgh and Glasgow Universities.

The election of Lord Rector of Edinburgh University took place last Saturday. The candidates were Lord President Robertson and Lord Reay. The result of the voting was: for Lord Robertson, 1145; for Lord Reay, 728, thus giving the former a majority of 417. One of the features of this election was the part the female students took in it—they not only voted but spoke at the meetings and in other public ways manifested their partisanship on both sides. In the evening there was a torchlight procession in which about 1000 of the students took part. Sir John Gorst has been elected Lord Rector of the University of Glasgow.

The Dumfries County Council has decided to spend £29,000 on the construction of a new water scheme for Dumfries.

It is said that the hardy fishermen of the Berwickshire and Northumberland coasts are likely to be severely tried this winter by the bad catches and the inferior quality of the fish captured on the coast.

Nov. 15th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Death of Dr. Charles McDowell of Carlow.

DR. MCDOWELL, a well-known practitioner in Carlow and adjoining districts, died last week at his residence, Otterholt, after a short illness. He contracted blood poisoning and died after five days' illness. He was carefully attended by three medical friends, but despite the highest skill and attention he succumbed. The deceased was a graduate in Medicine of the University of Dublin and a Fellow of the Royal College of Surgeons in Ireland. He held several appointments—viz., those of medical officer of the Carlow Workhouse and Fever Hospital, consulting physician to the Carlow Lunatic Asylum, and consulting sanitary officer for the borough of Carlow. Dr. McDowell had a large practice.

Nov. 14th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Hydrophobic Hysteria: the Liability of Dog Owners.

SOME two years ago a man was bitten by a rabid dog and underwent the Pasteurian treatment at the Institute in the Rue Dutot. A disturbance of the nervous system ensued, the trouble being diagnosed by Professor Grasset of Montpellier as rabiform hysteria. The victim instituted an action for damages against the owner of the mad dog and was awarded by the Nimes tribunal a sum of 11,000 francs. Both parties appealed against this verdict, the complainant maintaining that the damages were not sufficient. The court simply confirmed the judgment of the lower tribunal and accordingly ruled that the owner of a rabid animal rendered himself liable to a successful action for damages even if the person bitten by the said animal did not contract hydrophobia, but suffered only from other—and especially nervous—consequences attributed on medical evidence to the bite.

Increase of Suicides in France.

From an official report recently published in the *Journal Officiel* it appears that the number of suicides in this country during the year 1890 reached the formidable figure of 8410 (6576 males and 1834 females). A glance at the following table (giving the average annual number of suicides during the below-mentioned quinquennial periods) will show that this form of death has increased during the last thirty years in alarming proportions:—

Years.	Average annual suicides.	Per 100,000 inhabitants.
1861–65	4661	12
1866–70	4990	13
1871–75	5276	15
1876–80	6259	17
1881–85	7339	19
1886–90	8226	21

The proportion of child suicides (under sixteen years) has also augmented, the annual numbers running as follows: 1871–75, 31; 1876–80, 51; 1881–85, 61; 1886, 62; 1887, 68; 1888, 65; 1889, 77; and 1890, 80.

The Vacant Chair of Therapeutics.

At a meeting of the Board of Professors of the Faculty held on Thursday last the two candidates for the Chair of Therapeutics vacated by Professor Hayem (now Professor of Clinical Medicine) were thus classed in the order of recommendation: *en première ligne*, Dr. Landouzy; *en deuxième ligne*, Dr. Hanot. The appointment of the first-named gentleman may accordingly be taken for granted.

Medical Graduation in France.

THE LANCET is not infrequently applied to for information regarding the curriculum required at the French Faculty. Persons interested in the subject cannot do better than procure the Students' Number (*numéro des étudiants*) of Nov. 11th of *Le Progrès Médical*, which gives every necessary information. The publishing office of the paper is at No. 14, Rue des Carmes, Paris, the price of the number being 60 centimes.

The General Association of Students of Paris.

The reopening of the schools for the winter session will be celebrated by the above Association on Saturday, the 18th inst., at the Sorbonne, when Professor Grancher will deliver a lecture on the researches of M. Pasteur, their *Président d'honneur*.

Cantharidian Frogs.

A curious example of wholesale poisoning from eating frogs is related by Dr. Meynier, an army surgeon, in a recent number of the *Archives de Médecine Militaire*. A detachment of soldiers who had halted at El-Haçabia (Algeria) were seized with a mysterious illness, the chief symptom being most painful and prolonged priapism. No pathological importance being attached to these symptoms, low diet and the invariable *tisane de lin* (linseed tea) were prescribed; but matters became worse, and the dryness of the mouth, marked lassitude and debility, and, finally, painful hæmaturia, compelled Dr. Meynier to take the affair *au sérieux* and to seek for the cause of this strange malady. He was not long in discovering the *origo mali*. In order to vary their diet the soldiers had occupied their leisure moments in fishing for edible frogs in a neighbouring river. Now the poplars and willows lining the banks were swarming with meloes, coleopterous insects allied to the Spanish fly. Benumbed by the coldness of the morning, the insects had fallen in thousands into the river, where they were consumed by the expectant frogs. The interdiction of frog diet—or rather of what may be called "mistura ranæ esculentæ et cantharidis"—sufficed to ward off any more attacks, and the patients recovered after a few days' suffering.

Nov. 14th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Union is Strength.

A SICK-CLUB difficulty has arisen in Coblenz. The sick-club there, to which all the medical men were attached, had a disagreement with some of its medical officers, and the president of the club published a statement reflecting on the conduct of some of these gentlemen and using expressions towards the medical profession in Coblenz which the local medical society resented by resolving that if the offending president retained his position all the medical officers would resign on the termination of their agreement on Jan. 1st, 1894. To the question whether some officers would not consent to serve on re-election after Jan. 1st the society replied that the first requisite was the removal of the offending president.

University Statistics.

According to the University Calendar the number of medical students in the various German universities in the summer of 1893 was: Vienna, 1703; Munich, 1474; Berlin, 1116; Leipzig, 788; Würzburg, 752.

Diabetes Mellitus.

Professor Seegen, writing on the materials for the formation of sugar in the animal organism, says: "Diabetes mellitus occurs in two forms; in one the alimentary sugar alone is excreted, and on the exclusion of carbo-hydrates from the diet sugar disappears from the urine, and all other symptoms of diabetes cease; in the second form the excretion of sugar goes on when not a trace of carbo-hydrate is taken in with the food. These two forms are quite distinct in origin, course, and importance. I call the first the mild, the second the severe form of diabetes, and explain the facts by supposing that in the mild form the liver cells are not capable of forming glycogen or are incapable of holding it fast; in the severe form the tissue cells of the body have lost the power of decomposing the blood sugar, which consequently appears in the urine." It is in this severe form of the disease that Professor Seegen considers that he has proved by experiment that the fat of the food may serve as a source of some of the sugar excreted.

Professor Henoch.

Professor Henoch has retired altogether from his position as chief of the Children's Department in the Charité.

Nov. 15th.

THE death of Polly Thompson, stated to be the oldest individual of Her Majesty's subjects, has just been announced. She is said to have attained the great age of 107 years in June last. She seems to have retained to a large extent her bodily and mental faculties, and until the last few weeks to have enjoyed fairly good health.

CANADA.

(FROM OUR OWN CORRESPONDENT.)

The Canadian Medical Association.

THE twenty-sixth annual meeting of the Canadian Medical Association was held in London, Ontario, last month under the presidency of Dr. C. Sheard. The vexed question of a common registration for the Dominion was referred to by the President in his annual address as follows: "It appears to me to be scarcely conducive to professional unity that we should have in the various provinces of the Dominion separate licensing bodies to confer the privilege of practising only for the province, so that those of us who to-day reside in Ontario in travelling to Manitoba or British Columbia require there to pass a period of naturalisation before we can even be examined. Surely we are all Canadians, and if the spirit of the time means anything we are united in patriotic feelings and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some central examining board or boards for the whole Dominion, when a licence from such a body will be a qualification to practise from one end of the country to the other." At a subsequent stage of the proceedings the report of a committee was presented dealing with the subject, but it was, I regret to say, "tabled" on a motion of one of its members, who judged it to be "ill-digested." It seems that the dawn of the long-looked-for and much-to-be-desired day has not yet begun. Shall we for this have to await the birth of men with larger minds capable of grasping the idea that wisdom is not confined to a narrow circle of provincial schools, but that outside and beyond this standards are reached in advance of that, for instance, set up by the College of Physicians and Surgeons of Ontario? Could not a conference have been suggested of delegates from the several provincial councils? It appears strange that the Association could pass this important matter by so easily and yet appoint a committee to memorialise the Government with regard to a uniform Canadian pharmacopœia.

The Woman's Medical College, Kingston.

The Woman's Medical College, Kingston, has closed its doors and advised its few remaining students to seek their medical education either at Montreal or Toronto.

Is a Five Months Child Viable?

A peculiar case was brought somewhat prominently before the public recently by an inquest held on the body of a child. From the medical testimony it seems that the birth was premature—supposed to be at the fifth month—and that consequently no attention was paid to it; indeed, there seems to have been no sign of life for some hours subsequent to birth. It was therefore placed in a coffin and awaited interment at a cemetery, when a cry arrested an official's attention; the coffin was thereupon opened and the child removed; it was cared for and lived for several hours. The verdict of the jury was to the effect that under more careful treatment the child might have survived, though it was very doubtful if it could have lived to grow up.

Oct., 1893.

AUSTRALIA.

(FROM OUR OWN CORRESPONDENT.)

Hydatid Cysts.

AT the last meeting of the South Australian Branch of the British Medical Association Dr. J. C. Verco narrated an interesting case of hydatid cyst of the liver. The patient had been kicked by a horse, and when first seen displayed simply evidences of ascites, for which he was twice tapped. Microscopic examination of the fluid from the second tapping revealed a hydatid hooklet. Median laparotomy was performed, and a large cavity, shut off from the stomach and intestines by a thin layer of lymph, was evacuated of fluid and daughter cysts. In about a month fulness occurred in the right hypochondrium, and the abdomen was again opened in this region and pus and bile-stained cysts were evacuated from another cavity, which communicated with the liver. Two months after this a portion of a rib was excised and a suppurating cavity in the right lung containing broken-down cysts was evacuated and drained. The patient recovered perfectly. At the same meeting Dr. R. Stewart gave details of a case of hydatid cyst of the liver simulating gall-stone colic. Cholecystotomy was performed; no gall-stones were found, but a small, collapsed and bile-stained hydatid cyst was washed out. In a paper read before the last meeting of the Medical Society of Victoria, and entitled "Notes on Twenty Consecutive Cases of Abdominal Surgery," Mr. G. A. Syme discussed, *inter alia*, the treatment of hydatid cysts, especially dealing with Mr. Bond's proposal to stitch up the cyst and drop it back into the abdomen. Some observations made on the behaviour of the adventitia, which often sloughs either *en masse* or in shreds, led Mr. Syme to think that Mr. Bond's method was not without considerable risk, except in selected cases, where the cyst was small and could be thoroughly inspected and cleaned. Among the cases detailed in the paper was one in which a patient had a suppurating cyst in the spleen and a non-suppurating cyst in the liver, with marked hectic. The liver cyst was first recognised and was treated by Lindeman's method, and the hectic symptoms subsided. Their reappearance caused the discovery of increased splenic dulness, and a needle introduced into the spleen revealed pus. A portion of the tenth rib was excised, the diaphragm was incised, and the spleen was opened and drained of pus and hydatid cysts. The patient recovered perfectly.

Ovariotomy in a Child Five Years of Age.

In the same paper notes were given of a case where ovariotomy was successfully performed for a multilocular ovarian cyst which occurred in a child aged five years.

Villous Growths in the Bladder produced by the Bilharzia Hæmatobia.

Another unusual case in the series recorded by Mr. Syme was that of a boy from Mauritius, upon whom supra-pubic cystotomy was performed for the removal of papillomatous growths, which were found on microscopical examination to contain the ova of the bilharzia. The bladder was subsequently reopened, and an unsuccessful attempt was made to find and remove the parent distoma. Among other successful cases in the same series were nephrectomy for extreme hydronephrosis in a movable kidney, hysterectomy for uterine fibro-myoma, and laparotomy for acute intestinal obstruction by a band.

A New Medical Journal

It is proposed to establish a new medical journal, to be entitled *The Intercolonial Quarterly Journal of Medicine and Surgery*. It is to be devoted exclusively to scientific articles on subjects in all departments of medical and surgical practice, but will contain no leading articles or medical news. There will be a medical and surgical editor in each colony, and the names of those said to have been selected to act in this capacity ought alone to ensure the venture a favourable reception. It may be questioned, however, whether the time is opportune for such an enterprise. More good would probably be attained by devoting any surplus literary energy to enlarging and improving the existing journals, which might be amalgamated into one periodical thoroughly representative of Australian medical thought and practice.

Obituary.

HENRY PRATT ROBARTS, F.R.C.S. ENG.

THERE passed away on Nov. 9th, at 5, Alfred-place, W.C., a connecting link with the past, a highly respected general practitioner, Henry Pratt Robarts, who was born in 1801 and was descended from an old Huguenot family. He was educated at the Hunter-street Academy, where he had a very brilliant career. He entered St. Bartholomew's Hospital and took his L.S.A. in 1826, his M.R.C.S. in 1827, and his F.R.C.S. by examination in 1844. Meanwhile he had been apprenticed to Mr. Holmes, of Everett-street, Russell-square, whom he joined in partnership and eventually succeeded in practice, having married his sister. Later he moved into Great Coram-street, then occupying the status which Harley-street now obtains among medical men, where he attended Thackeray and many of the literary men who resided in that locality. He afterwards became a partner with Mr. Chatto and succeeded to the practice on that gentleman relinquishing work to become Librarian to the Royal College of

Surgeons. In 1866 he took Mr. W. Gill, of Russell-square, into partnership, and retired from active work in 1871. He was a man of literary ability. In 1836 he gained the Silver Medal of the Medical Society, and the Fothergill Gold Medal in 1844 for a treatise on Scarlet Fever. He was a governor of the French Protestant Church and Schools and took a great interest in them to the last. He spent the greater part of the latter years of his life at the Literary Institution in Great Coram-street, and died from heart failure, being attended by his friend, Mr. Swift of Gordon-square.

JAMES CLARK GARDNER, M.R.C.S., L.R.C.P. EDIN.

JAMES CLARK GARDNER was born forty years ago at Winlaton, Northumberland. He was educated at the Newcastle College of Medicine and at University College, London. He was for a while in practice at Felton, but some ten years ago succeeded Dr. Fennel as colliery surgeon to the coal mines at Washington and North Biddick, county Durham. On Oct. 28th, while returning with his groom in a dog-cart from Newcastle-on-Tyne, his horse, a young and restive one, bolted, upsetting the trap, and Mr. Gardner received a severe injury to the head, from which he only partially regained consciousness, and he died on Tuesday, Nov. 7th, at his residence, Glebe House, Washington. His funeral took place on Friday, Nov. 10th, and was a military one, as he was a Lieutenant in the 5th Volunteer Battalion of the Durham Light Infantry. It was also attended by an immense concourse of the inhabitants of the surrounding district, thus testifying in the most solemn manner to the respect and esteem in which he was held by his neighbours.

HILL SMITH, F.R.C.S. ENG.

THERE passed away a few days ago a member of the profession well known in the county of Hertford in the person of Mr. Hill Smith, who had practised at Stevenage for a period of nearly half a century. He was educated at Guy's Hospital and after some experience in London settled down at Stevenage. Although engaged in the quiet duties of a country practitioner, he determined, soon after the examination for the Fellowship of the Royal College of Surgeons was instituted, to obtain that honour and succeeded in doing so, his sole ambition being to raise himself to as good a position in his profession as was possible and then take his share in elevating it. Mr. Hill Smith was a man of literary taste, had a well-stored mind, and was thus an agreeable and interesting companion. He had been failing in health for some time, but it was not until within the last month that the symptoms of some obscure abdominal mischief showed themselves. He died at the age of seventy-eight.

JOHN S. DRENNAN, M.D. DUBL., L.R.C.S. IREL.

THE death of Dr. Drennan, which occurred at his residence, University-road, Belfast, on Nov. 2nd, at the advanced age of eighty-four years, is deeply regretted by a large circle of friends. He was one of the oldest citizens of Belfast, and although he had long retired from practice he took an active interest in what was occurring around him. He was the son of Dr. W. Drennan, who was a leading man with the first Irish Volunteer Association, and who in 1794 was tried for libel, but was successfully defended by Curran. His son, the subject of the present notice, was born in 1809, studied in Dublin, and in 1834 became a licentiate of the Royal College of Surgeons in Ireland, and in 1838 a graduate of Trinity College. His appointment as medical attendant in St. Thomas's Dispensary, Dublin, followed. He afterwards went to Leeds, where he was elected physician to the local dispensary and lecturer upon materia medica in the Leeds School of Medicine. Subsequently he returned to Belfast and became physician to the old General (now the Royal) Hospital, and afterwards a member of the consulting staff. He also acted for a time as secretary to the Belfast Medical (now the Ulster) Society. Apart altogether from his medical attainments, Dr. Drennan's accomplishments were wide and varied. Like his father he was a man of strong literary tastes, and was extremely fond of poetry. He married a granddaughter of Dr. Hincks, whose name is well known in connexion with the interpretation of Assyrian manuscripts. He was closely connected by marriage with two well-known Ulster families—the Andrews and the Duffins. Dr. Drennan was a man much respected by all who had the pleasure of his acquaintance—no one who knew him could fail to be struck with his ability, literary taste, and sound judgment.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the First Professional Examination in Anatomy and Physiology, for the diploma of Fellow, at a meeting of the Board of Examiners on Monday, the 13th inst.—viz.:

Messrs. George Brooke French, M.R.C.S. Eng., L.R.C.P. Lond., Student of Edinburgh University; Thomas George Ouston, M.R.C.S. Eng., L.R.C.P. Lond., of Yorkshire College and the General Infirmary, Leeds; Frederick Hibbert Westmacott, M.R.C.S. Eng., L.R.C.P. Lond., of Owens College and Royal Infirmary, Manchester; John Clay, M.B. & B.S. Durh., of the Durham College of Medicine and Royal Infirmary, Newcastle-on-Tyne; Archibald Gordon Gullan, of University College, Liverpool. Eleven candidates were referred back to their professional studies for a period of six months.

Passed on Tuesday, the 14th inst.—viz.:

Messrs. James Spittal Buchanan, M.R.C.S. Eng., L.R.C.P. Lond., of Glasgow University and London Hospital; James Ramsay Webb, M.R.C.S. Eng., M.B. & B.S. Melb., of Melbourne University, Middlesex and London Hospitals; William Dyer Frazer, of St. Thomas's Hospital; Arthur Cooke, of Oxford University and London Hospital; William Graddon Mortimer, of London Hospital. Eleven candidates were referred back to their professional studies for a period of six months.

CAMBRIDGE UNIVERSITY. — The degree of Bachelors of Medicine and Surgery has been conferred upon Charles Alexander Hill and Andrew Sidney Ransome, Trinity; and Alfred Ashby Shillitoe, Trinity Hall.

OPENING OF A NEW CORONER'S COURT.—On the 13th inst. the ceremony of opening the new coroner's court and public mortuary in the Horseferry-road, Westminster, was performed by Mr. Thomas Horn, chairman of the Sanitary Committee of the vestries of St. Margaret and St. John. The building, erected at a cost of about £6,000, is intended to meet the requirements of the Public Health Act relating to the reception of bodies awaiting burial after post-mortem examination, as well as for the holding of coroners' inquiries, the disinfection of clothing, &c. The site was presented to the vestry by the Duke of Westminster.

NEW MEDICAL SOCIETY IN GLASGOW.—Many of the medical practitioners in the east-end of Glasgow had for some time been impressed with the desirability of having a centre round which the physicians and surgeons of that part of the city might congregate in order to exchange views on matters connected with the practice of their profession. This desire has culminated in the proposition to establish a new medical society, to be named the "Glasgow Eastern Medical Society." At a meeting on the 8th inst. held at Blackfriars Hall, Dennistoun, the above-named intention was carried out, and office-bearers were appointed to conduct the affairs of the new society. Dr. G. R. Mather was elected president, Dr. Wm. Patrick vice-president, Mr. Thomas M'Murray treasurer, and Mr. James Craig secretary, while Drs. Carr, Sutherland, John Wilson, Barras, Mathie, and McGregor were appointed to coöperate with the office-bearers in drawing up a constitution and in making the preliminary arrangements concerning meetings &c.

SEQUEL TO THE WORTHING EPIDEMIC.—At the fortnightly meeting of the East Preston guardians on Tuesday last an interesting discussion took place with reference to a request preferred by the medical officers of the board at Worthing and by the local District Nursing Association for extra remuneration in view of the largely increased labours necessitated by the typhoid fever epidemic. Just before the fever broke out the Nursing Association had agreed to attend the ordinary pauper cases at £40 per annum, and two new medical officers—Dr. E. A. Opie and Mr. J. D. S. Nodes—had been appointed. During the epidemic assistants had been allowed to these gentlemen and their cab-hire paid. The finance committee, to whom the requests had been referred, recommended that the Nursing Association should receive a gratuity of £20, but an amendment to their recommendation was carried reducing the grant to £10. With regard to the claims of the medical officers, the suggestion of extra remuneration met with considerable opposition, although this opposition was not due to any want of generosity, but only to a doubt how far the guardians had the right to spend the ratepayers' money in this manner. In the end a proposal to pay each medical officer an additional £50 was carried by 11 votes to 9.

PROPOSED MEMORIAL WINDOW TO THE LATE SURGEON-MAJOR PARKE.—The Rev. Blayney R. Young, The Rectory, Ballybay, co. Monaghan, has interested himself in trying to obtain the necessary funds towards the erection of a stained-glass window in Ballybay Church in memory of the late Surgeon-Major Parke, who in early life was medical officer of the district. The subscription is 2*s.* 6*d.*, and is restricted to medical practitioners. So far Mr. Young has not been very successful, having only received £13 2*s.* 6*d.* He has asked us to state that contributions will be gladly received from English and Scotch as well as from Irish practitioners.

VOLUNTEER MEDICAL STAFF CORPS.—The sixth annual dinner of the Leeds company of this corps was held on the 10th inst. at the Grand Restaurant, Boar-lane, Leeds. The commanding officer, Surgeon-Captain De Burgh Birch, occupied the chair, and was supported by a goodly number of his fellow officers and influential visitors After the usual loyal toasts Mr. Hartley proposed "The Army, Navy, and Reserve Forces," in response to which Surgeon-Captain Rowan spoke of the desirability of having such an organisation as the Volunteer Medical Staff Corps attached to the regular army itself. The need of efficient transport in connexion with bearer companies was, he said, strikingly manifest as well in the regular as in the volunteer force. In responding to the toast "The Leeds Company, Volunteer Medical Staff Corps," the chairman gave an encouraging account of the progress of that body. An enjoyable evening was spent.

FOOTBALL CASUALTIES.—The three following accidents occurred on the 4th inst.: In an Association match played between the Barry district team and Abergavenny on the Witchell Grounds, Cadoxton, a home forward fractured his leg just above the ankle.—A player in a match received a severe kick in the abdomen, from the effects of which he died on the following day, at Hartlepool.—During a match at Honeywell, Lancashire, between the Barnsley Congregational and Whitwood teams, a forward sustained injuries and was removed to the Beckett Hospital, where he was found to be suffering from "concussion of the spine."—In an Association match at Cambridge on the 9th inst., between Caius and Christ's Colleges, a player of the former club fractured one of his legs.—On the 11th inst., on the Frodingham Rovers' ground, a player, while practising before a match, fractured his leg below the knee and was removed to the hospital.—During a match, on the same day, between Middlesbrough and Bishop Auckland, on the Middlesbrough ground, a visiting forward fractured his clavicle.—In a match on Saturday last between Shrewsbury Town and Madeley, in the Wednesbury Cup competition at Shrewsbury, the Shrewsbury Town full-back sustained injuries from which he died on the following day.

PRESENTATIONS.—Mr. W. B. Mackay, L.R.C.P., L.R.C.S. Irel., of Kilgobbin, Sandyford, has been presented with a purse containing seventy sovereigns by his friends and the residents of the locality, as a testimony of their esteem and in recognition of his uniform attention and kindness to his patients for the past fifteen years.—Dr. James Macdonald of Carden-place, Aberdeen, has been presented, on the occasion of his marriage, by the members of the police force of that city, with a set of surgical instruments as a token of their esteem and respect.—Towards the end of last month a company assembled in the theatre of the Royal Institution of South Wales at Swansea for the purpose of doing honour to one who, while occupying the position of president of that body, was also recognised as one of the most esteemed of their compatriots — George Padley, L.R.C.P. Lond., M.R.C.S. The gathering included almost the whole of the more prominent townsmen of Swansea and its neighbourhood, not forgetting a goodly number of gentlemen associated with Mr. Padley in the practice of the profession to which he belongs. A written testimonial, for the presentation of which the meeting had been called together, was accompanied by the gift of a valuable microscope and a purse of a hundred guineas. Lord Swansea, in making the presentation, spoke of the high estimation in which their guest had been held for the past forty years, on account not merely of his scientific attainments but in view of his valuable professional services and his personal worth. Mr. J. G. Hall, Dr. Paddon, Mr. J. A. Rawlings, and other gentlemen joined in their congratulations to Mr. Padley, who in a few words, feelingly spoken, expressed his thanks for the honour which had thus been conferred upon him.

PROFESSOR GAIRDNER has been appointed by the Senate of Glasgow University to fill the vacancy on the General Medical Council caused by the retirement of Professor Leishman. The appointment extends over a period of five years.

WE are asked to state that the annual dinner of the Volunteer Ambulance School of Instruction will take place at Cannon-street Hotel on Saturday, Dec. 9th, on which occasion Surgeon-Colonel J. B. Hamilton, M.D. Dub., principal medical officer of the Home District, Brigade-Surgeon-Lieutenant-Colonel J. H. Evatt, M.D.Q.U.I., Army Medical Staff, Lord Amherst of Hackney, and other distinguished officers will be the guests of the school, members of which can obtain tickets for the dinner by making early application to Mr. C. J. Downer, Fairfield, Willesden Park, N.W.

STATE MEDICAL RELIEF.—On the 7th inst. a meeting of the Medical Practitioners' Association was held at Exeter Hall, when the president, Dr. F. H. Alderson, read a paper in which he propounded a scheme for the creation of State medical appointments in a manner which he proceeded to describe. Every county in the United Kingdom was to be mapped out into districts, every one of which was to have allotted to it a fixed number of medical practitioners, to whose care the health of the district was to be entrusted and who were to be paid by annual stipend A district containing 30,000 inhabitants would be in the charge of ten general practitioners, one physician, two consulting surgeons, and one gynæcologist. The appointments were to be made by the Local Government Board under the advice of a committee of selection, which should consist of the chairman of the vestry, or of the mayor, a justice of the peace, and of any general medical practitioner who was a member of the corporation, vestry, or town council. Finally the election was to be confirmed by the General Medical Council. The salaries of the medical officials would vary according to circumstances. A discussion on the merits of the scheme was carried on for a time, and ultimately the consideration of it was adjourned.

Parliamentary Intelligence.

Fishing in the River Doon.

IN the course of next week Mr. Wason, one of the members for Ayrshire, will invite the Secretary for Scotland to cause a public inquiry to be made into the wholesale poisoning of fish which is said to be going on in the River Doon.

HOUSE OF COMMONS.

FRIDAY, NOV. 10TH.

Glanders.

Sir F. Seager Hunt asked the President of the Board of Agriculture whether the partial enforcement of the Glanders Order Act had resulted in the diminution of the disease so-named in the metropolis, and, if not, whether he was prepared to make the provisions of Clause 19 of that Act compulsory.—Mr. Gardner said he was glad to be able to state that as the result of the enforcement of the order referred to a much smaller number of horses in London had been attacked by the disease than were reported last year. Nevertheless he did not feel justified, under existing circumstances, in making the provisions of the clause compulsory.

MONDAY, NOV. 13TH.

The Employers' Liability Bill.

The consideration of this Bill as amended was resumed by the Attorney General, who brought up his promised clause for dealing with cases of injury to workmen where liability was evaded as a result of sub-contracting. The clause as amended was added to the Bill.—Mr. Matthews and Mr. Forwood proposed clauses which, after discussion, were each rejected.—Mr. Boustield moved a new clause to the effect that in any employment injurious to health in which risk could be mitigated or removed by the use of reasonable precautions, the workman in case of disablement, or his representatives in case of death, should have the same right to compensation against the employer as in other cases of personal injury due to negligence. The consideration of this clause involved a lively discussion, and two or three amendments were adopted, but, it being past midnight, the debate was adjourned. The discussion of this Bill was further proceeded with on Wednesday, but dealt for the most part with technical legal points, and the debate stood adjourned until Thursday.

The Education of the Blind and Deaf.

Mr. Schwann asked whether the Education Department had yet formulated any arrangements for the guidance of managers of schools for the blind and deaf under the Elementary Education (Blind and Deaf Children) Act of 1893, and whether the Vice-President of the Department could give particulars as to the grants which would be furnished by the local authorities for the maintenance of children thus

afflicted, in view of the fact that the Act referred to would come into operation on Jan. 1st, 1894.—Mr. Acland said it was not possible at present to give the particulars referred to. Moreover, it was not desirable that the Education Department should issue any memorandum on the subject till more information should have come to hand.

TUESDAY, NOV. 14TH.

The Royal Commission on Vaccination.

Mr. Leon asked the Home Secretary whether he could state when the Royal Commission on Vaccination were likely to issue their final report.—Mr. Asquith said he had been informed that the Commission had nearly finished their inquiry and would probably be able to present their complete report in the early part of the ensuing year.

The Consumption of Bhang and Opium in Ceylon.

In reply to a question put by Mr. Schwann, Mr. S. Buxton, the Under-Secretary of State for the Colonies, said that the report from the Government of Ceylon as to the alleged increase in the importation of bhang and opium in that island had not yet been received, but a reminder on the subject would without fail be sent to the Governor.

THURSDAY, NOV. 16TH.

Fever Accommodation for London.

Mr. Sidney Herbert, Mr. Barrow, and Mr. Arthur O'Connor addressed questions to the President of the Local Government Board with reference to the scheme of the Metropolitan Asylums Board for the erection of a fever hospital on the Grangewood Estate in Norwood.—Mr. Henry Fowler replied that he had received an application from the managers of the Metropolitan Asylums Board asking the Local Government Board to sanction the erection of this hospital, and he had directed a local inquiry to be held by two inspectors of the Board. This inquiry would be held on the 21st of this month, and the report of the inspectors would be carefully considered before any decision was arrived at.

Anthrax in Cambridgeshire.

Mr. Herbert Gardner, in reply to Mr. Hugh Hoare, said he had been in communication with the local authority with regard to this matter, and he was informed that, on their becoming aware that anthrax had broken out on Mr. Russell's premises and that that gentleman had already lost nine horses by the disease, steps were at once taken to cleanse and disinfect the premises in pursuance of Article 11 of the Anthrax Order of 1892. It was necessary to treat some 400 tons or more of manure with quicklime; but whether the result was the loss stated in the question he was not able to say. There was no reason to suppose that the deaths of the horses were in any way due to the action of the local authority, inasmuch as they occurred prior to such action being taken. With regard to the question of compensation, he had to say that, although he much regretted that Mr. Russell should have suffered so severe a loss by reason of the outbreak of disease on his premises, there existed no power under the statute under which he could be awarded compensation either for the animals dying of disease or for any loss occasioned by the cleansing and disinfection of the premises. He might add that, although the nine horses died at intervals between the end of March and the 27th July, no notice was given to the local inspector until July 26th.

Foot-and-Mouth Disease.

In reply to a question by Mr. Darling, Mr. Herbert Gardner said he was informed that Holland was declared free from foot-and-mouth disease so recently as Oct. 26th last, and that the last remaining infected places in Denmark were declared free about seven weeks ago. The most recent information received by the Board of Agriculture as to Belgium showed that the disease still existed in two provinces of that country. In these circumstances it would be premature on his part to allow the importation of live animals from the countries named to be resumed. He might say that the circumstances attending the spread of disease on the Continent and in the United Kingdom during the past two years had conclusively shown the necessity of very great caution on his part in dealing with proposals for the readmission of live animals from European countries.

BOOKS ETC. RECEIVED.

A. ABEL (ARTHUR MEINER), Leipzig.

Psychiatrie. Ein kurzes Lehrbuch für Studirende und Aerzte. Von Dr. Emil Kraepelin. 1893. pp. 702.

ALLEN, W. H. & Co., Waterloo-place, London.

Sir Morell Mackenzie, Physician and Operator. A Memoir. By the Rev. H. R. Haweis, M.A. Second Edition. 1894. pp. 376.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.

Handbook for Attendants on the Insane. Published by the authority of the Medico-Psychological Association. Second Edition. 1893. pp. 122. Price 2s.

Cancer, Sarcoma, and other Morbid Growths, considered in relation to the Sporozoa. By J. Jackson Clarke, M.D. Lond., F.R.C.S. Reprint. 1893. pp. 97. Price 3s. 6d.

The Anatomical and Histological Dissection of the Human Ear in the Normal and Diseased Condition. By Dr. A. Politzer. Translated from the German by George Stone. Illustrated. 1892. pp. 272.

CHATTO & WINDUS, Piccadilly, London.

A Dog of Flanders, and other Stories. By Ouida. New Edition. Illustrated. 1893. pp. 293.

The Gun-runner. A tale of Zululand. By Bertram Mitford. 1893. pp. 359.

"To Let," &c. By B. M. Croker. 1893. pp. 247.

Heather and Snow. A Novel. By George MacDonald. New Edition. 1893. pp. 279.

The Ivory Gate. By Walter Besant. New Edition. 1893. pp. 358.

CASSELL & COMPY., London.

The Magazine of Art. 1893.

Cassell's Family Magazine. Illustrated. 1893.

The Cabinet Portrait Gallery. Reproduced from Original Photographs by W. & D. Downey. Fourth Series. 1893.

Catriona. A Sequel to "Kidnapped." By Robt. L. Stevenson. Fifteenth thousand. 1893.

ILIFFE & SON, Bride-street, London, E.C.

A Handy Book upon Elocution and Dramatic Art. By Emily L. McLaughlin. 1892. pp. 189. Price 2s., cloth 1s. Paper cover.

KEGAN PAUL, TRENCH, TRÜBNER & Co., London.

A State Inquiry: Its Rise, Extension, and Overthrow. With appendices. By Benjn. Scott, F.R.A.S. 1890. pp. 491.

LEWIS, H. K., Gower-street, London, W.C.

A Text-book of the Diseases of the Ear. By Dr. Josef Gruber. Translated from the second German edition and edited by E. Law, M.D. Edin., and C. Jewell, M.B. Lond. Second English Edition. Illustrated. 1893. pp. 648. Price 28s.

MACMILLAN & Co., London.

Shakespeare's England. By William Winter. New Edition. Illustrated. 1893. pp. 254.

MASSON, G., Paris.

Études Anatomo-Pathologiques. L'Inflammation. Par Maurice Letulle. 1893. pp. 531.

Consultations Médicales sur quelques Maladies fréquentes. Par le Dr. J. Grasset. Second Edition. 1894. pp. 249. Prix 4 francs.

OLIVER & BOYD, Edinburgh.

The Transactions of the Edinburgh Obstetrical Society. Vol. XVIII. Session 1892-93.

PENTLAND, YOUNG J., Edinburgh and London.

Hygiene and Diseases of Warm Climates. Edited by Andrew Davidson, M.D., F.R.C.P. Edin. Illustrated. 1893. pp. 1016.

SAUNDERS, W. B., Philadelphia.

Saunders' Question-Compends. No. 12. Essentials of Minor Surgery, Bandaging, and Venereal Diseases. By E. Martin, A.M., M.D. Second Edition. Illustrated. 1893. pp. 166.

THE OFFICES OF THE BRITISH AND COLONIAL DRUGGIST, Bishopsgate Without, London, E.C.

The Diseases of Dogs and Cats, and their Treatment. By a Veterinary Surgeon. 1893. pp. 192.

THE SCIENTIFIC PRESS, 428, Strand, London, W.C.

Ophthalmic Nursing. By S. Stephenson, M.B., F.R.C.S. Edin. Illustrated. 1894. pp. 188. Price 3s. 6d.

Surgical Ward-work and Nursing. By Alexander Miles, M.D. Edin. Illustrated. 1894. pp. 197. Price 3s. 6d.

UNWIN, T. FISHER, Paternoster-square, London.

Wild Nature Won by Kindness. By Mrs. Brightwen. Fifth Edition. Illustrated. 1893. pp. 230.

The Memoirs and Travels of Mauritius Augustus, Count de Benyowsky. Edited by Captain Pasfield Oliver. Illustrated. 1893. pp. 399.

The Brownies at Home. By Palmer Cox. 1893. pp. 143.

The Pope's Mule, and Other Stories. Translated by A. D. Beavington-Atkinson and D. Havers. 1893. pp. 141.

VOSS, LEOPOLD, Hamburg und Leipzig.

Symptomatologie und Histologie der Hautkrankheiten. Von H. Leloir und E. Vidal. Lieferung 4. November, 1893.

VOGEL, F. C. W., Leipzig.

Grundriss der Allgemeinen Klinischen Pathologie. Von Dr. L. Krehl. 1893. pp. 238.

It is Never too Late to Mend: by Charles Reade (Chatto & Windus, Piccadilly, London, 1893), price 6d.—Peg Woffington; Christie Johnstone: by Charles Reade (Chatto & Windus, London, 1893), price 6d.—Annual Report, 1892-93, and White Fields: the quarterly organ of the Zenana Medical College, St. George's-road, London, S.W.; October, 1893 (S. W. Partridge & Co., London, E.C.), price 1d.—The Medical Magazine: edited by Geo. J. Wilson, M.B.; November, 1893 (Southwood, Smith, & Co., London), price 2s. 6d.—The Principles of Immunity and Cure in the Infectious Diseases: by V. C. Vaughan; reprint (Lea Brothers & Co., Philadelphia).—On the Care of Infants and Young Children, according to the Bible and Talmud: by Jas. Finlayson, M.D.; reprint (Southwood, Smith, & Co., London).—Voice; Training Primer: by Mrs. Emil Behnke and Dr. C. W. Pearce (Chappell & Co., New Bond-street, London, W.), price 2s.—Beiträge zur Aetiologie, Prophylaxe und Therapie der Cystitis: von Dr. R. Barlow (W. Braumüller, Wien und Leipzig); 1893.—The Pneumatic Cabinet in the Treatment of Pulmonary Phthisis: by C. E. Quimby, A.M., M.D. (New York); reprinted from the International Medical Magazine for January, 1893.—The Gentleman's Annual, Christmas, 1893, containing a complete Novel, "Burgo's Romance": by T. W. Speight (Chatto & Windus, London), price 1s.—Healthy Sports for Healthy Children (from the Committee of the Victoria Hospital for Children, Chelsea, S.W.)—Water Analysis: the Interpretation of Results: by F. Wallis-Stoddart; reprinted from "The Practitioner."—Archives de Neurologie; Numéro 81, Novembre, 1893 (Bureaux du Progrès Médical, Paris).—A Case of Panophthalmitis caused by the Bacillus Coli Communis: by R. L. Randolph, M.D., Baltimore; reprint, 1893.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BANKHART, J., M.B Lond.. F.R.C.S., has been reappointed Senior Surgeon to the West of England Eye Infirmary.

BLANDFORD, J. GUTHRIE, M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer to the West End Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy, 73, Welbeck-street, W.

BUGGY, LOUIS, L.R.C.S.I., L. & L.M., K.Q.C.P.I., has been appointed Assistant Medical Officer to the Kilkenny District Lunatic Asylum.

CLARK, ANNIE E., M.D., has been appointed Acting Physician to the Birmingham and Midland Hospital for Sick Children.

COLLETT, H. G. B., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Marske Sanitary District of the Guisborough Union.

DUNCAN, J. D., M.B., C.M. Edin., has been appointed Junior Medical Assistant to the Counties Asylum, Carlisle.

EDGE, ARTHUR, M.B. Lond., M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon to the Metropolitan Hospital, Kingsland-road, N.E.

ESKELL, L. B., L.D.S.I., has been appointed Honorary Dental Surgeon to the Eastern Dispensary, Bath.

FOWLIE, PETER, M.B., M.S. Aberd., has been appointed House Physician and Surgeon to the Hospital for Sick Children, Aberdeen.

HALL, F. DE HAVILLAND, M.D., F.R.C.P. Lond., has been appointed Joint Lecturer on Medicine at the Westminster Hospital School of Medicine, vice W. H. Allchin, M.D., F.R.C.P., resigned.

HOWARD, F. R., L.D.S.R.C.S., has been appointed Dental Surgeon to the Birmingham and Midland Hospital for Sick Children, in the place of Mr. C. J. Fowler, whose twenty years' service had expired.

JEPHCOTT, R. W., L.R.C.P., L.M., L.R.C.S. Edin., has been reappointed Medical Officer of Health for the Warwickshire Division of the Alcester Rural Sanitary Authority.

JOHNSON, RAYMOND, M.B. Lond., B.S., F.R.C.S., has been appointed Assistant Surgeon to the University Cottage Hospital.

LAKE, WELLINGTON, M.R.C.S., has been appointed Medical Officer of Health for Woking.

LITTLE, JAMES, M.D. Edin., M.R.C.S., has been appointed Medical Officer of Health for the Maryport Urban Sanitary District of the Cockermouth Union.

MACLAREN, JOHN, M.B. & C.M. Edin. Univ., has been appointed Assistant Medical Officer to the East Riding Asylum, Beverley.

MOWER-WHITE, G. B., M.B., B.S. Lond., F.R.C.S. Eng., has been appointed Surgeon to Out-Patients at the Great Northern Central Hospital, Holloway-road, N., vice Raymond Johnson, resigned.

PRIESTLEY, JOSEPH, B.A., M.D., D.P.H., has been reappointed Medical Officer of Health for the County Borough of Leicester.

ROBINSON, HARRY A., M.B., Ch.B. Vict., has been appointed House Surgeon to the Chorley Hospital and Dispensary.

ROLLESTON, L. W., M.B. Durh., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Metropolitan Hospital, Kingsland-road, N.E.

ROPER, A. C., F.R.C.S., L.M., L.R.C.P. Edin., M.R.C.S., has been re-appointed Registrar to the West of England Eye Infirmary.

SMITH, H., M.B., B.S. Durh., has been reappointed Medical Officer of Health for the Brandon and Byshottles Urban Sanitary Districts.

THORNE, C. A., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer for the Sixth Sanitary District of the Ecclesall-Bierlaw Union.

THORNTON, GEORGE, M.D. Edin., M.R.C.S. Eng., has been appointed Assistant Medical Officer to the Fountain Fever Hospital, Lower Tooting, S.W., under the Metropolitan Asylums Board.

TOSSWILL, L. H., M.B. Camb., M.R.C.S., has been reappointed Surgeon to the West of England Eye Infirmary.

TURNER, GEORGE, M.B. Camb., D.P.H., L.R.C.P. Lond., M.R.C.S., has been reappointed Medical Officer of Health for Hertford.

TURNER, WILLIAM ALDREN, M.D. Edin., M.R.C.P. Lond., has been appointed Assistant Physician to the West London Hospital, Hammersmith.

WIGHT, J. A. S., M.R.C.S., L.R.C.P., has been appointed House Physician to the Metropolitan Hospital, Kingsland-road, N.E.

WOOD, F. S., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Medical Officer for the Workhouse and Infirmary of the Parish of Paddington.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

ALBANY GENERAL HOSPITAL, Grahams-town, South Africa.—Resident Medical Officer. Salary £200 per annum, with yearly increases up to £300, and furnished apartments. Applications to Dr. Macphail, Rowditch, Derby.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer. Salary £70, with board, washing, and attendance.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Surgical Officer. Salary £50, with board, washing, and attendance.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—An Extra Acting Physician. Salary £60 per annum.

CHELSEA HOSPITAL FOR WOMEN, Fulham-road, London, S.W.—Resident Medical Officer for one year. Salary £80 per annum, with board and residence.

CHESTER GENERAL INFIRMARY.—House Surgeon for two years. Salary to commence at £90 per annum, rising £10 annually, with residence and maintenance in the house. £5 per annum granted for taking charge of the Library.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis-road, Shadwell, E.—House Surgeon. Board and lodging provided

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, London, E.—Secretary. Salary £250 (increased to £300 after a year if the board are satisfied). Applications to H. W. Trinder, Esq., Northbrook House, Bishops Waltham, Hants

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Two Assistant Physicians to see out-patients.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Pathologist and Registrar.

GUY'S HOSPITAL, London.—Demonstrator of Anæsthetics, and two or more Anæsthetists.

HOSPITAL FOR DISEASES OF THE THROAT, Golden-square, London.—Honorary Assistant Physician.

HOSPITAL FOR DISEASES OF THE THROAT, Golden-square, London.—Honorary Assistant Surgeon.

HOSPITAL FOR SICK CHILDREN, Great Ormond-street, Bloomsbury, W.C.—Assistant House Surgeon, non-resident, for six months. Salary £20.

HOSPITAL FOR SICK CHILDREN, Great Ormond-street, Bloomsbury, W.C.—Assistant Physician.

HOSPITAL OF ST. PETER, Port Guernsey.—Surgeon, for one year. Salary £50 per year currency (vaccination included), in addition to which a certain vaccination allowance will be made.

KIMBERLEY HOSPITAL, South Africa.—Senior House Surgeon. Salary £650 per annum, with unfurnished quarters for a single man. Applications to Mr. H. A. de Beer, secretary, Kimberley, South Africa.

LIVERPOOL DISPENSARIES.—Assistant Surgeon (unmarried). Salary £80 per annum, rising to £90 per annum after first year's service, with apartments, board, and attendance. Applications to the Secretary, Leith Offices, 34, Moorfields, Liverpool.

ROYAL BERKS HOSPITAL, Reading.—Physician.

ST. THOMAS'S HOSPITAL, S.E.—Assistant Surgeon.

SEAMEN'S HOSPITAL SOCIETY, *Dreadnought*, Greenwich.—House Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E. Salary £75 per annum, with board and residence.

WESTERN GENERAL DISPENSARY, Marylebone-road, N.W.—Senior House Surgeon, unmarried. Salary £50 per annum, with board and lodging.

WESTERN GENERAL DISPENSARY, Marylebone-road, N.W.—Qualified Dispenser. Salary £120 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton. Resident Assistant for six months. Board, lodging, and washing provided.

Births, Marriages and Deaths.

BIRTHS.

DORNFORD.—On Nov. 4th, at 147, Roman-road, Victoria Park, N.E., the wife of Arthur Clifford Dornford, M.R.C.S., &c., of a daughter.

MCSWINY.—On Nov. 10th, at 34, Hampstead-road, Liverpool, the wife of Staff-Surgeon M. O'C. McSwiny, Royal Navy, H.M.S. *Eagle*, of a daughter.

PORTER.—On Nov. 12th, 1893, at Helmsley, the wife of J. Francis Porter, M.D., Coroner county Yorkshire, of a son.

STYAN.—On Nov. 13th, at 2, Chapel-place, Ramsgate, the wife of T. G. Styan, M.A., M.D. Cantab., of a daughter.

MARRIAGES.

CRICHTON—GRAHAM-FOSTER-PIGOTT.—On Nov. 8th, at Holy Trinity Church, Twickenham, George Clowe Crichton, M.A., M.D., Twickenham, to Elizabeth Mary (Bessie), eldest daughter of the late Rev. George Granado Graham-Foster-Pigott, of Abington-Pigotts, Cambridgeshire.

JONES—ROBERTS.—On Nov. 4th, at Christ Church, Lancaster-gate, by the Rev. Canon Hughes, M.A., Vicar of Hardingstone, Northampton, uncle of the bride, assisted by the Rev. W. Page-Roberts, M.A., of St. Peter's, Vere-street, and the Rev. C. J. Ridgeway, M.A., Vicar of the Parish, Margaret Elizabeth, eldest daughter of Sir Owen Roberts, J.P., D.L., D.C.L., of 43, Westbourne-terrace, and of Dinas, near Carnarvon, North Wales, to Robert Jones, M.D., B.S. Lond., F.R.C.S., eldest son of the Rev. Thomas Jones of Eisteddfa, Criccieth, North Wales.

WAIT—HARRILD.—On Nov. 7th, at St. George's, Hanover-square, by the Rev. W. H. Bliss, Chaplain-in-Ordinary to the Queen, uncle of the bridegroom, J. Alfred Wait, B.A., M.B., B.C. Camb., eldest son of John Wait, Esq., J.P., of Ayton House, North Shields, to Clare M. Harrild of Tunbridge Wells, youngest daughter of the late Robert Harrild, Esq., of Round Hill House, Sydenham.

DEATHS.

BARFORD.—On Nov. 9th, at Wokingham, Berks, James Gale Barford, surgeon, aged 60.

DASHWOOD.—On Nov. 10th, at Twyford House, Crowborough Beacon, Sussex, Edmund S. Dashwood, M.R.C.S., youngest son of the Rev. C. J. Dashwood, of Billingford Rectory, East Dereham, Norfolk, aged 34.

FOSS.—On Nov. 2nd, at Stockton-on-Tees, R. W. Foss, M.D. Edin.

MCBEATH.—On Nov. 1st, at Mrs. Hamilton's lodging-house, St. Cuthbert's-lane, Carlisle, Abercromby McBeath, surgeon, formerly of Walkley House, Sheffield, aged 40.

ROBARTS.—On Nov. 9th, at 5, South-crescent, Bedford-square, Henry Pratt Robarts, F.R.C.S. (1844), in his 93rd year.

WHITEHOUSE.—On Nov. 3rd, at his residence, Sunderland, John Whitehouse, F.R.C.S. Eng., L.R.C.P. Edin.

WARD.—On Nov. 9th, at his residence, Wellington House, Reading, Richard Moody Ward, M.D. Oxon., M.R.C.S., L.R.C.P., aged 36 years.

N.B.—A fee of 2s. is charged for the Insertion of Notices of Births, Marriages and Deaths.

Medical Diary for the ensuing Week.

Monday, November 20.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; and on Tuesday, Wednesday, Friday, and Saturday at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2.30 P.M.; Friday, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M.; and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.; and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL. Ear and Throat Department, 9 A.M.; Thursday, 9 A.M. Eye Department, 2 P.M.
ROYAL EYE HOSPITAL, SOUTHWARK.—Hour of attendance, 2 P.M., and other days at the same hour. Operations daily.
LONDON POST-GRADUATE COURSE.—Royal London Ophthalmic Hospital, Moorfields: 1 P.M., Mr. W. Lang: Iritis.
THROAT HOSPITAL (Golden-sq.).—5 P.M., Dr. J. W. Bond: Benign Laryngeal Growths.
ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester-sq., W.C.)—5.30 P.M., Dr. Morgan Dockrell: The Lichens.

Tuesday, November 21.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. Skin Department, 1.45; Saturday, 9.15.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro therapeutics, same day, 2 P.M.
LONDON POST-GRADUATE COURSE.—Hospital for Skin Diseases, Blackfriars: 4 P.M., Dr. Payne: Alopecia; its Varieties.—Bethlem Hospital: 2 P.M., Dr. Percy Smith: Impulsive Insanity, Homicidal Insanity, Moral Insanity.
PATHOLOGICAL SOCIETY OF LONDON.—Mr. H. H. Clutton: Encysted Hydrocele of Round Ligament.—Mr. W. J. Wainwright: Cyst of Canal of Neck.—Dr. W. Dowson: The Local Lesion of Scarlet Fever. Dr. Kanthack: Streptococcus Pneumoniæ from a case of Cerebro-spinal Meningitis.—Mr. C. A. Morton: Pyæmic Abscess of one Lung, with Suppurative Otitis and Meningitis.—Dr. Voelker: Aneurysm of the Arch of the Aorta rupturing into the Œsophagus.—Mr. J. Bidwell: Rodent Ulcer occurring on the Site of a Degenerate Nævus.—Dr. R. E. Scholefield: Two cases of Softening Intra-cardiac Thrombi. Card Specimen:—Dr. Rolleston: Vermiform Appendix, with Pouches due to old Ulcerations.

Wednesday, November 22.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Thursdays and Fridays at the same hour.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1.30 P.M.; Saturdays, 2 P.M. Obstetrical Operations, Thursdays, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday and Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 1.30 P.M. Dental Department, 9.30 A.M. Eye Department, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M. Surgical Visits on Wednesday and Saturday at 9.15 A.M.
LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton: 4 P.M., Dr. C. Theodore Williams: Chronic Pneumonia, its Results.—Royal London Ophthalmic Hospital, Moorfields: 8 P.M., Mr. A. Quarry Silcock: Glaucoma.
THROAT HOSPITAL (Golden-square).—5 P.M., Dr. Greville MacDonald: Rhinitis.
HUNTERIAN SOCIETY.—8.30 P.M., Mr. H. J. Thorp: Case of Syphilitic Gumma of Parotid Gland.—Dr. G. Newton Pitt: On the Inhalation of Oxygen as a Means of Medical Treatment.

Thursday, November 23.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. Ear and Throat Department, 9 A.M. Eye Department, 2 P.M.
NORTH-WEST LONDON HOSPITAL (Kentish Town-rd.).—Operations, 3 P.M.
LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Gt. Ormond-st.: 3.30 P.M., Dr. Archibald Garrod: Rheumatism in Children. National Hospital for the Paralysed and Epileptic: 2 P.M., Dr. Taylor: Intra cranial Growths.—London Throat Hospital (Gt. Portland-st.): 8 P.M., Dr. Edward Woakes: Tinnitus and Vertigo.—Central London Sick Asylum, Cleveland-street, W.: 5.30 P.M., Mr. John Hopkins: Cases in the Wards.
HARVEIAN SOCIETY.—Annual Dinner at the Criterion Restaurant at 6 30 for 7 P.M.
NEUROLOGICAL SOCIETY OF LONDON (National Hospital for the Paralysed &c., Queen-sq, W.C.)—8.30 P.M., Dr. Donkin: Muscular Wasting of both Upper Extremities and Complete Paralysis of one.—Dr. Beevor: Paralysis Agitans with Tremor of Lips, Tongue and Jaw.—Dr. H. Lewis Jones: Symmetrical Atrophy of the Intrinsic Muscles of the Hand in Young People. And other cases.

Friday, November 24.

UNIVERSITY COLLEGE HOSPITAL.—Eye Department, 2 P.M.
LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton: 4 P.M., Dr. C. Theodore Williams: Treatment of Chronic Pneumonia.
CLINICAL SOCIETY OF LONDON.—Living Specimens at 8 P.M.:—Mr. Stephen Paget: (1) Traumatic Encephalocele: (2) A Meningocele that has undergone a Natural Cure; (3) Ankylosis of Spine.—Mr. Moullin: Charcot's Disease.—Mr. Lane: Deficient Development of Jaw after Ankylosis of one Temporo-maxillary Articulation.—Mr. Cheyne: (1) Rotation Outwards of the Lower Limbs treated by Transverse Division of the Femur; (2) Replacement of Dupuytren's Fracture of the Ankle.—Mr. Gould: Hypertrophy of Stomach without Dilatation. Dr. Mott: (1) So-called Idiopathic Sclerosis; (2) Toxæmic Neuritis.—Dr. J. Taylor: Pseudo-hypertrophic Paralysis in Members of the same Family.—Dr. N. Pitt: Osteo-arthritis with Fibroid Nodules.—Dr. H. Campbell: (1) Chronic Phthisis involving the Right Apex; (2) An Unusual Form of Œdema. Papers at 9 P.M.:—Dr. Ord and Mr. E. White: Observations on a case of Myxœdema treated by Administration of the Thyroid Gland, with Special Reference to Changes occurring in the Urine.—Dr. N. Pitt: Cases of Osteo-arthritis with Fibroid Nodules.—Mr. W. G. Spencer: Empyema with complete and permanent Collapse of the Lung.

Saturday, November 25.

UNIVERSITY COLLEGE HOSPITAL.—Skin Department, 9.15 A.M.
LONDON POST-GRADUATE COURSE.—Bethlem Hospital: 11 A.M., Dr. Hyslop: General Paralysis of the Insane.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, November 16th, 1893.

	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Nov. 10	30·23	E.	43	42	54	48	33	--	Overcast
,, 11	30·30	N.E.	47	46	59	51	43	--	Overcast
,, 12	30·30	N.E.	43	42	82	48	41	--	Bright
,, 13	30·16	S.E.	38	38	66	45	36	--	Foggy
,, 14	29·85	S.E.	39	39	44	44	37	--	Foggy
,, 15	29·70	N.	42	42	49	47	39	·57	Overcast
,, 16	29·92	S.E.	47	46	56	47	42	·04	Overcast

Notes, Short Comments & Answers to Correspondents.

EDITORIAL NOTICE.

IT is most important that communications relating to the Editorial business of THE LANCET should be addressed *exclusively* "TO THE EDITORS," and not in any case to any gentleman who may be supposed to be connected with the Editorial staff. It is urgently necessary that attention be given to this notice.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale and advertising departments of THE LANCET *should be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

GANGRENE, OCCURRING DURING AN ATTACK OF ENTERIC FEVER.

To the Editors of THE LANCET.

SIRS,—The notes of the following case may be of interest to some of your readers. A male infant aged one year was first seen by me on Nov. 2nd and was then suffering from typhoid fever. He had been ailing for several days, I was informed, and as he had several rose-spots out he had probably been ill for ten to twelve days or perhaps longer. Everything went on well till Nov. 11th, when during my absence from the hospital he was suddenly taken worse. When I saw him on my return about an hour later his breathing was laboured and rapid, the countenance was anxious, and he had a small rapid pulse and a subnormal temperature. The nurse drew my attention to the patient's thigh, which displayed a patch of gangrene surrounded by a bright red line and extending from just below the trochanter major to within about two inches of the knee. This condition was discovered by the nurse about half an hour before my arrival, and, as I am informed, was not present when the infant was washed in the morning. On examining the chest fine crepitations were heard over the front of the right lung. The infant was ordered brandy, carbonate of ammonia, and a turpentine fomentation for the chest; but he gradually sank, and the respirations ceased about an hour after my arrival. As the heart still continued beating, artificial respiration was performed for

twenty minutes, when all indications of circulation failed to be detected. Just before death a small patch of gangrene, about an inch in diameter, appeared just over the right wrist. It is a noteworthy coincidence that all the complications—viz., the gangrene on the thigh and on the forearm, and the crepitations in the lung—occurred on the right side. The child was being treated with half-minim doses of carbolic acid.

I am, Sirs, yours truly,

Scarborough Hospital, Nov. 13th, 1893. C. F. W.

"TREATMENT OF DIPHTHERIA BY INSUFFLATIONS AND TABLOIDS OF SULPHITE OF MAGNESIUM."

To the Editors of THE LANCET.

SIRS,—I have seen Mr. W. Gilchrist Burnie's letter in THE LANCET of the 11th inst. and write to express regret if I have in any way laid claim to a discovery not my own. Permit me to point out that I headed my previous letter as above, and that I placed in brackets any claim that I made to being the discoverer. With regard to the first of these points, I wish to state that before sending my letter to THE LANCET I had looked up "Neale's Medical Digest." Among the thousand and one treatments there given I did not find mention made of the treatment adopted by myself. Possibly I overlooked it. True, I found "Treatment by Sulphites," such as by brushing the throat with sulphite of magnesium by means of a damp camel's-hair brush, and also gargling the throat with a solution of that drug, but nowhere treatment by insufflations and tabloids of it. With regard to the second point, I thought it quite possible (although I was unaware of it) that this treatment might have been used; therefore, to save myself, I placed the words in brackets. I am glad to state that I, too, have learnt to lose all dread of this disease and am very pleased if my letter should be the means of calling the attention of the profession to an invaluable remedy. Without in any way wishing to detract from the importance of Dr. Lewis's or Mr. W. Gilchrist Burnie's methods, I think I may even still lay claim to being the discoverer of "treatment of diphtheria by insufflations and 'tabloids' of sulphite of magnesium."—I remain, Sirs, yours truly,

Shaftesbury-road, W., Nov. 14th, 1893. BROWNLOW R. MARTIN.

To the Editors of THE LANCET.

SIRS,—In reading the letters published during the last few years in various journals by medical men using some drug or other in the treatment of diphtheria I find that it is invariably stated that since using the drug (be it paraffin, sulphur, or magnesium sulphite &c.) they have "never lost a case." One would like to know how it is that other medical men, when using these drugs carefully and according to the directions given do not likewise obtain the same happy results with them. I have known several practitioners who used sulphite of magnesium, and I have had considerable experience myself with it in the treatment of diphtheria in the form of a gargle, insufflation, and internally; but all agree that in no instance has the slightest benefit from it been observed either in preventing the spreading, formation, or reformation of the membrane or in any general bodily improvement. As a very mild antiseptic it is, of course, useful either in diphtheria or in those cases of ulceration of the throat commonly seen during the last epidemic of influenza and usually mistaken and treated as diphtheria. It will be safe to say that magnesium sulphite will go the way that most of the so-called specifics have gone, and that when the true specific is discovered it will not be an inorganic preparation.—Yours truly,

J. A. OFFORD,

November, 1893. Assistant Medical Officer, Dorset County Asylum.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Nov. 4th and 11th valuable testimony is borne to the virtues of magnesium sulphite in diphtheria. The experience of Dr. Martin and Mr. Burnie is sufficiently extensive to warrant every medical practitioner in the kingdom giving a fair trial to the drug which those gentlemen claim as a specific in a very prevalent and fatal malady; and were this done its specific powers might be confirmed or confuted once for all within a few weeks. I have myself had the opportunity of trying it in three cases, the results of which so far confirm the judgment of your correspondent.—Yours truly,

Russell-square, W.C., Nov. 13th, 1893. P. GOWAN, M.D. Edin.

THE PRESENT ETHICS OF THE PROFESSION.

To the Editors of THE LANCET.

SIRS,—I beg to state that some touts on behalf of an assurance company styled the Manchester Industrial are actively canvassing this neighbourhood and are endeavouring their utmost to induce the residents to place themselves under certain medical men practising here at the fee of 2½*d.* per week. Whether it is being done with the knowledge and sanction of the practitioners in question I am unable to say. Some of my own patients are complaining to me of the persistent touting and pestering of these men. If I brought this to the knowledge of the practitioners whose *interests* (!) are being thus pushed and whose virtues are being extolled, would it not be their duty to actively discourage such procedure?

I am, Sirs, yours obediently,

Fulham, Nov. 14th, 1893. M.R.C.S.

THE TREATMENT OF FUNCTIONAL APHONIA.

To the Editors of THE LANCET.

SIRS,—I have a case of functional aphonia which has lasted ten months and resisted all my efforts at treatment. I have tried tonics of different kinds—inhalations of ol. pini sylvestris, ol. calami, &c.—but all with no result. If any of the readers of THE LANCET can give me a hint I shall be truly thankful.—I am, Sirs, yours faithfully,

Nov. 6th, 1893. PERPLEXED.

MEDICAL ADVERTISEMENT IN INDIA.

THE following is from the *Times of India*:—

"Dr. Pestanji Ukarji, late house surgeon, assistant accoucheur, and lecturer in the Hospital for Women and Children, London, and vaccinator, undertakes to vaccinate children without any lancet or knife; treats diseases in women and children and all other ailments.—Bazaar Gate-street, Fort."

It is sad to see the disease of professional advertisement extending to India. A gentleman who holds English diplomas is expected to observe the ethics of the profession in England. Such an advertisement as the above is quite inconsistent with this.

Enquirer.—Our correspondent's questions are difficult to answer, but if he has a claim we think it must be on the principal, as the agent disclosed the name. We think, however, it would be held that he took the journey at his own risk.

Mr. Willard.—The subject seems to have been treated only incidentally since 1869, *vide* THE LANCET, vol. 1, page 484.

Imprimatur.—The paragraph sent us may be the clumsy work of an irresponsible reporter.

"WANTED A DIAGNOSIS."

To the Editors of THE LANCET.

SIRS,—Will you permit me to suggest that the diagnosis in "An Enquirer's" striking case is that of some hæmorrhagic zymotic disease, probably small-pox? During the three epidemics of small-pox in this city which have occurred during my residence in it I have been called in consultation to six cases of a very similar nature which were all resolvable into that terrible condition. The first two I did not understand until after their death, but I readily recognised the other four at first sight. If "An Enquirer's" case occurred in a neighbourhood where small-pox or scarlet fever was raging, especially if at the onset of an epidemic, I have no doubt that it was a case of that kind. The use of the pessary to a fixed uterus is interesting from the fact that your correspondent seems still to be in the frame of mind of many members of our profession that a pessary is a "thing to be tried," instead of being a thing, like a prism in astigmatism, to be carefully fitted.

I am, Sirs, yours, &c.,

Birmingham, Nov. 9th, 1893. LAWSON TAIT.

To the Editors of THE LANCET.

SIRS,—May I suggest to "An Enquirer," whose letter appeared in THE LANCET of Nov. 4th, the possibility of his case being one of pelvic hæmatocele?

I am, Sirs, yours truly,

Ludlow, Nov. 13th, 1893. J. E. BROOKS.

PLASTIC BRONCHITIS.

To the Editors of THE LANCET.

SIRS,—I have a patient (male) aged fifty-nine years who has been suffering from plastic bronchitis for the past two years. When first attacked he was in England and his medical attendant thought that on his return to the West Indies the disease might disappear. He has been in this warm region now for seventeen months, and I have tried him with various remedies, such as iodide of potassium, perchloride of mercury, iodide and carbonate of ammonium, arsenic, terebene, bicarbonate of potassium, inhalation of steam &c., but to no effect. The casts collect and worry him more at night than during the day, and his breathing improves when he gets rid of the casts, which he generally does late in the night or early in the morning. There is dulness over the left apex, and it does not expand well in this region. The heart and kidneys are healthy. The patient is a very careful liver and exceedingly temperate. Can any of your readers suggest something to benefit the case?

I am, Sirs, your faithfully,

West Indies, Nov. 3rd, 1893. B.

ADVERTISING PARAGRAPHS.

THE following announcements are taken from the *Western Morning News*:—

"Dr. Hinvest begs to inform his patients that he has returned home, and has resumed the practice of his profession.—Devonport."

"The Local Government Board have, on the recommendation of their medical officer, again awarded Mr. Hugoe, surgeon of Chacewater, a grant for efficient and meritorious vaccination.—Chacewater, Nov. 10th, 1893."

Mr. R. Brown.—Strictly speaking, only those holding an M.D. degree are entitled to the prefix.

A. G.—1. The whole of the 18th must be included in duty. 2 and 3. No.

ERRATUM.—In the leading article on "Enteric Fever in the Tees Valley" in our last issue, p. 1198, second column, fourth line from bottom, for "1882-83" read *1887-88*.

During the week marked copies of the following newspapers have been received:—*Medical Record (New York), Indian Daily News, Bath Gazette, Family Doctor, Feversham News, Liberator, The Times, Glasgow Evening News, Times of India, Norfolk Daily Standard, Englishman, Pioneer Mail, Liverpool Daily Post, Bristol Mercury, Yorkshire Post, Leeds Mercury, Globe, Eastern Morning News, Manchester Courier, Sussex News, Birmingham Gazette, Local Government Chronicle, West Middlesex Standard, Mining Journal, Hertfordshire Mercury, Reading Mercury, Weekly Free Press and Aberdeen Herald, City Press, Builder, Architect, Evening News and Post, Sanitary Record, Local Government Journal, Stratford-upon-Avon Herald, Surrey Advertiser, West Middlesex Advertiser, New Zealand Herald, Lynn Advertiser, Lynn News and County Press, Preston Guardian, Rochester Journal, Jarrow Express, Inverness Courier, Somerset Express, Stirling Visitor, Barnsley Chronicle, Weekly News (Colwyn Bay), Kidderminster Shuttle, Stafford Daily Post, Scarborough Post, The Cambrian, &c. &c.*

Communications, Letters &c. have been received from—

A.—Messrs. Arthur and Co., London; Ancoats Hospital, Manchester, Secretary of; Amines Syndicate, Limited, London; A. D. L., Leeds.

B.—Dr. Fletcher Beach, Sidcup; Dr. A. MacG. Buchanan, Glasgow; Mr. J. E. Brooks, Ludlow; Mr. C. H. Brown, King's Lynn; Mr. W. S. Battiss, Southsea; Mr. C. Birchall, Liverpool; Herr W. Braumuller, Vienna; Mrs. K. Behncke, London; Messrs. Blondeau et Cie, London; Messrs. Boulton and Paul, Norwich; Birmingham and Midland Free Hospital for Sick Children. Secretary of; Bradford Medico-Chirurgical Society, Secretary of.

C.—Prof. M. Charteris, Glasgow; Mr. H. Cousins, Cardiff; Mr. F. Caulfeild, Bendley; Mr. J. Carter, London; Mr. S. Crossley, Blackburn; Chester General Infirmary, Secretary of.

D.—Dr. D. Davis-Jones, Cwmaman; Dr. J. Dobson, Bethel, Conn.; Dr. I. S. Dowse, London; Dr. William Duncan, London; Dental Hospital of London, Dean of; Domus, London; D. J.

E.—Mr. A. E. Edwards, Hereford; Enquirer; E. H.

F.—Sir J. Fayrer, London; Dr. Hingston Fox, London; Dr. H. Holdrick Fisher, Sittingbourne; F.R.C.S., London.

G.—Dr. James Galloway, London; Dr. H. C. Garth, Morden; Brigade-Surgeon-Lieut.-Col. T. J. McGann, Bangalore; Mrs. K. E. Gardner, Washington, co. Durham; Messrs. C. Griffin and Co., London; Grafton Galleries, Directors of; Galignani Library, Nice.

H.—Dr. John P. Henry, Lewisham; Mr. Leopold Hudson, London; Mr. R. Haviland, Douglas; Mr. J. Halliwell, Winchcombe; Mr. J. Heywood, Manchester; Rev. E. D. Hammond, Hungerford; Messrs. Haddon and Francis, London; H. A. E.; H. E. C., Liss; Home, London.

I.—Invalid Transport Corps, London, Chief Superintendent of.

J.—Dr. D. Johnston, Fordoun; Mr. G. H. Johnston, Teignmouth; Rev. F. Jourdain, Ashbourne.

K.—Dr. T. N. Kelynack, Manchester; Mr. Martin A. Kirton, Devonport; Messrs. Keith and Co., Edinburgh; Messrs. Krohne and Sesemann, London; Kimberley Hospital, South Africa, Secretary of; K., London.

L.—Dr. E. S. Lee, 'St. Leonards; Mr. H. K. Lewis, London; Messrs. Lee and Nightingale, Liverpool; L. S.

M.—Dr. B. R. Martin, London; Dr. H. Macnaughten-Jones, London; Dr. A. Myzlieff, Brenkelen, Holland; Mr. A. J. McCullum, Kendal; Mr. W. Moore, Melbourne Hospital; Mr. G. Mellin, London; Manchester and Salford Nursing Institution, Secretary of; Maltine Manufacturing Co., London; Medical Defence Union, Birmingham, Secretary of; M.D., F.R.C.S. Lond.; M.D., London; M.R.C.S.; M.D., West Brighton.

N.—Nurses' Co-operation, London, Lady Superintendent of; North-West London Hospital, Secretary of; Newcastle Clinical Society, Secretary of; *Nursing Record*, London, Manager of.

O.—Dr. James Oliver, London; Mr. J. A. Offord, Dorset; Obstetrical Society of London, Secretary of.

P.—Dr. Alexander Paterson, Bridge of Allan; Mr. R. W. Pendleton, Brighton; Miss Pudney, Earl's Colne; Parke Memorial Fund, Dublin, Hon. Sec. of; Plymouth Medical Society, Secretary of.

R.—Dr. J. Ritchie, Glasgow; Dr. R. R. Rentoul, Liverpool; Mr. G. D. R. Reeve, Southsea; Mr. J. S. H. Roberts, Swansea; Royal Meteorological Society, London, Secretary of; Royal College of Physicians of Ireland, Dublin, Registrar of; Royal Pump Room, Harrogate, General Superintendent of; Royal British Nurses' Association, Secretary of.

S.—Dr. W. Sumpter, Norfolk; Mr. Spencer T. Smith, Southampton; Mr. W. F. D. Smith, London; Messrs. E. B. Stimpson and Son, New York; Messrs. G. Street and Co., London; Statim, London.

T.—Dr. James Taylor, London; Dr. D. F. D. Turner, Edinburgh; Dr. A. S. Taylor, Surbiton; Mr. Lawson Tait, Birmingham; Town Clerk, Lowestoft.

W.—Dr. W. H. G. Whitelocke, Oxford; Dr. A. G. Wollemann, Indiana; Mr. W. Roger Williams, Preston; Mr. J. A. Wilkin, Birkenhead; Messrs. Wilkinson and Son, Hove; Messrs. Wilcox and Co., London; Messrs. Whitworth and Stuart, Manchester; Western General Dispensary, Hon. Secretary of.

Y.—Dr. E. H. Young, Okehampton.

Letters, each with enclosure, are also acknowledged from—

A.—Dr. E. Allen, Hawes; Mr. E. Appleton, Thornsby-on-Tees; Ashwood House, Kingswinford, Medical Superintendent of; Anderson's College Medical School, Glasgow; Aleph, London.

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